

1 copy State Supt. 1 copy County Supt. 1 copy School District

Linda McCulloch, Superintendent PO Box 202501 Helena, MT 59620-2501

receives state reimbursement even	though trans	sportees of another legal en	tity may ut				Rate Per Mile
Due Dates: All Routes		To Co Octob	unty Supt er 1		OPI ober 15	\$	61.57
County Name		County Number	District	District Name			Legal Entity Number
Flathead		15	Kalisp	ell Public Sch	nools	ols 0310 0311	
Route #	ength of Rout				s Route Mile		Rated Capacity
=	7.8		Bus R	oute Mileage	n bus Mileaç		71
Vehicle I.D. #	License #		□ District	Owned ct - If so, Name o		strict Owne	ed
9336	1530			cted rate per mile			
Reimbursement Distribution- Enter	the legal ent		of state/co tch budget		ent to be pai	d to each dist	rict. Note: Percentages
Legal Entity	Legal En		Legal E			Legal Entity	1
0310							
% 100.00	%		%			%	
PASSENGER INFORMATION							
Number of Preschool/Kindergarten riding this route	pupils	ELEMENTARY RIDER (Grades PK-8)	RS		CHOOL RID rades 9-12)	ERS	TOTAL ELIGIBLE RIDERS
		a NUMBER			b NUMBER		c a+b
Regular (include eligible Preschool/Kinderiders)	ergarten	NOMBER			. TOWNELL		u v b
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related Ser	rvice						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., undomiles OR nonresident and no attendance agreement)							
(Include ineligible Preschool/Kindergarte Nonpublic School Riders (ineligible)	en riders)						
TOTAL RIDERS							
We hereby certify that this bus will op County Transportation Committee. We I We agree to supervision of this bus a required; to provide a vehicle which mee Superintendent; and to provide a license We also agree to refrain from solicitin We understand that violations of the I this bus route. We agree that if this route crosses die the school boards of both districts shall the We understand route changes occurred accordance with 20-10-132, MCA.	further certify the and bus route bets the minimured, qualified and or causing of laws, rules or restrict lines and be attached to	hat this bus transports pupils eli- by the State Superintendent; to r m standards as established by t d approved driver to operate su thers to solicit students from oth regulations governing school tra transports students from outsid the county superintendent's cop-	gible for sch make such r he Board of ch vehicle a ner transport nsportation e the district by of this doc	ool transportation a eports to the State s Public Education, tl s required by 20-10 ation areas. will be sufficient cau t, a copy of the agre- cument.	as defined by 2 Superintenden he Montana Hi -103, MCA. use for withhole eement betwee	20-10-101, MCA it and County S ighway Patrol a ding of state an en Boards, 20-1	uperintendent as are not the State d county reimbursement for 0-126(2) MCA, signed by
I certify that this application for registus operates on the route as appro				•		,	,
Signature - Chair, Board of Trustees						Date	
County Trar This Application for Registration of area assigned to it by the County T	School Bus a		•			•	
Signature - Chair, County Transportation						Date	



This form is required in accorda							e form for ea	ch bus route that
receives state reimbursement e	ven thougr	ı transpo	ortees of another legal 6	entity may ut	llize the service	S.	F	Rate Per Mile
Due Date : All Routes				County Supt ober 1		OPI ctober 15	\$	61.36
County Name			County Number	District	Name			Legal Entity Number
Flathead			15	Kalisp	Kalispell Public Schools			0310 0311
Route #	Route # Length of Route (miles per			Type of	Service □ B	us Route Mile		Rated Capacity
16	18			Bus R	oute Mileage			66
Vehicle I.D. #	Lice	ense #		□ District			ontractor O	
5324	180	08			ct - If so, Name cted rate per mi		atricia Fish	er
Reimbursement Distribution- Er	nter the leg	al entity				ment to be pai	d to each dist	rict. Note: Percentages
Legal Entity	Leg	gal Entity	1	hatch budget Legal E			Legal Entity	,
0310		03	311					
% 50.00		% 50.	00	%			%	
PASSENGER INFORMATION	_							_
Number of Preschool/Kindergar	ten pupils		ELEMENTARY RIDE (Grades PK-8)	ERS		SCHOOL RID Grades 9-12)	ERS	TOTAL ELIGIBLE RIDERS
riding this route					,			
			a NUMBER			b NUMBER		c a + b
Regular (include eligible Preschool/liriders)	Kindergarten	1	NOWBER			NONDER		a · b
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)								
agreement) (Include ineligible Preschool/Kinderg		,						
Nonpublic School Riders (ineligible)		,						
TOTAL RIDERS								
We hereby certify that this bus will County Transportation Committee. We agree to supervision of this be required; to provide a vehicle which Superintendent; and to provide a lick We also agree to refrain from sol We understand that violations of this bus route.	We further cous and bus in meets the mensed, qualificiting or cauthe laws, rul	ertify that route by t ninimum s fied and a using other les or reg	this bus transports pupils the State Superintendent; to tandards as established by pproved driver to operate sers to solicit students from a ulations governing school to	eligible for schoon make such ro the Board of such vehicle a other transport ransportation vehicle a	nool transportation eports to the State Public Education, s required by 20-1 ation areas. will be sufficient care.	as defined by 2 Superintenden the Montana Hi 10-103, MCA.	0-10-101, MCA t and County Si ghway Patrol ai	uperintendent as are nd the State
We agree that if this route crosse the school boards of both districts sh We understand route changes or accordance with 20-10-132, MCA.	nall be attach ccurring durin	ned to the	e county superintendent's c nool year require the filing o	opy of this doo of an amended	cument. d TR-1 form and a	pproval of the C	ounty Transpor	tation Committee in
I certify that this application for a bus operates on the route as ap								
Signature - Chair, Board of Trustees							Date	
This Application for Registration	of School	Bus and						
area assigned to it by the Count Signature - Chair, County Transport			committee.				Date	
•								



This form is required in accord	danaa with '	Title 20 (Chantar 10 Dart 1 MCA	Cabaal di	atriat afficial must complete	and form for as	ach hua route that
This form is required in accord receives state reimbursement							
Due Dat				ounty Sup			Rate Per Mile
All Route	es		Octo	ber 1	October 15	:	\$1.57
County Name			County Number District Name				Legal Entity Number
Flathead			15	Kalisp	ell Public Schools		0310 0311
Route #	Length	of Route	(miles per day)		Service Bus Route N	•	Rated Capacity
32	20.7			Bus R	□ Non Bus Mile coute Mileage	eage	71
Vehicle I.D. #	Lie	cense #		□ District		District Own	ed
9908	14	468			ct - If so, Name of Owner cted rate per mile		
Reimbursement Distribution- I	Enter the le	gal entity				oaid to each dis	trict. Note: Percentages
Legal Entity	Le	egal Entity		atch budget Legal E		Legal Entity	у
0310							
% 100.00 %				%		%	
PASSENGER INFORMATION	N	,,,		,,,		,~	
Number of Preschool/Kinderg	arten pupils	S	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL R (Grades 9-1		TOTAL ELIGIBLE RIDERS
3			a		b		С
Regular (include eligible Preschoo	1/I/indorgorto		NUMBER		NUMBER		a + b
riders)	DI/Kindergane	en					
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Relate	ed Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e miles OR nonresident and no atte							
agreement) (Include ineligible Preschool/Kinde		rs)					
Nonpublic School Riders (ineligible							
TOTAL RIDERS							
We hereby certify that this bus County Transportation Committee We agree to supervision of this required; to provide a vehicle whic Superintendent; and to provide a l	. We further bus and bus th meets the	certify that s route by t minimum s	t this bus transports pupils e the State Superintendent; to standards as established by	eligible for sch make such r the Board of	nool transportation as defined be eports to the State Superintend Public Education, the Montana	y 20-10-101, MC/ dent and County S a Highway Patrol a	A. Superintendent as are
We also agree to refrain from s We understand that violations	soliciting or ca	ausing othe	ers to solicit students from o	ther transpor	tation areas.		nd county reimbursement for
this bus route. We agree that if this route cros			•		, ,,	veen Boards, 20-1	10-126(2) MCA, signed by
the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.							
I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the							
bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees Date						mmtee.	
Date							
County This Application for Registration area assigned to it by the County	on of Schoo	ol Bus and	d State Reimbursement		accordance with Section eviewed and I certify that the		
Signature - Chair, County Transpo						Date	



1 copy State Supt. 1 copy County Supt. 1 copy School District

School Year 2003 - 2004

This form is required in accorda receives state reimbursement events.								
Due Dates All Routes		To Co Octol	ounty Supt ber 1	To OPI October 15		Rate Per Mile \$1.57		
County Name		County Number	District	Name		Legal Entity Number		
Flathead		15		ell Public Schools		0310 0311		
Route #	Length of Route	(miles per day)	Type of	Service Bus Route Mil Non Bus Milea	•	Rated Capacity		
29	20.7			oute Mileage	Ŭ	77		
Vehicle I.D. # 9658	1283			Owned L ct - If so, Name of Owner cted rate per mile	District Own	ed		
Reimbursement Distribution- En	ter the legal entity		of state/co	unty reimbursement to be pa	aid to each dis	trict. Note: Percentages		
			Legal E		Legal Entity	/		
% 100.00 %			%		%			
PASSENGER INFORMATION								
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
		a NUMBER		b NUMBER		c a + b		
Regular (include eligible Preschool/kriders)	Kindergarten					ŭ .		
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	arten riders)							
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees								
This Application for Registration area assigned to it by the Count	of School Bus ar y Transportation	nd State Reimbursement I		accordance with Section 2 viewed and I certify that this	bus operates			
Signature - Chair, County Transporta	ation Committee				Date			



1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that

Due Dates: All Routes County Number County Number District Name Longth of Route (miles per day) 15 Kalispell Public Schools 3010 0311 Type of Service 15 bus Route Mileage Rated Capacity 15 Vehicle I.D. # License # Lic	receives state reimbursement even though transportees of another legal entity may utilize the services.								Data Dan Mila
Flathead 15									Rate Per Mile \$1.57
South Foundation Foundati	County Name		County Numbe	r	District I	Name			Legal Entity Number
Section Sect									
Sus Route Mileage	Route #	Length of Ro	oute (miles per day)		Type of				Rated Capacity
Reimbursement Distribution- Enter the legal entity number and percentage of statelocounty reimbursement to be paid to each district. Note: Percentages unust match budget! Legal Entity 0310 September 1 Legal Entity 0310 Legal Entity 0310 Legal Entity 0310 September 1 Legal Entity 0310 September 1 Legal Entity 0310 September 2 Legal Entity 0310 September 3 September 1 Legal Entity 0310 September 3		21.2			Bus R			eage	71
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must march budget! Legal Entity	Vehicle I.D. #	License	e #						
Legal Entity 0310 Legal Entity 0311 Legal Entity 0411 Legal Entity	3525	1938						Fisher Fran	sportation ——
Legal Entity 0310 Legal Entity 0311 % 50.00 % 50.00 % 50.00 Missesser INFORMATION Number of Preschool/Kindergarten pupils (Grades PK-8) Regular (include eligible Preschool/Kindergarten number of Preschool/Kindergarten pupils (Grades PK-8) NUMBER NUMBER NUMBER NUMBER NUMBER Regular (include eligible Preschool/Kindergarten number of Pr	Reimbursement Distribution- En	iter the legal e					sement to be p	oaid to each dis	strict. Note: Percentages
PASSENGER INFORMATION Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS (Grades 9-12) ELIGI	Legal Entity	Legal E		must mate				Legal Entit	tv
PASSENGER INFORMATION Number of Preschool/Kindergarten pupils inding this route a NUMBER Begular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) Additional Wheelchairs (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (include ineligible Preschool/Kindergarten riders) TOTAL RIDERS We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation committee. We further certify that this bus transports public eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montaria Highway Patrol and the State Superintendent; or make such reports to the State Superintendent and County Superintendent as rerequired, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montaria Highway Patrol and the State Superintendent; or make such reports to the State Superintendent and County Superintendent or make such reports to the State Superintendent and County Superintendent or the Montaria Highway Patrol and the State Superintendent county of this document. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for into bus route. We agree that if this route crosses district lines and transport students from outside the district, a copy of the superintendents copy of this document. We understand that violations of the laws, rules or regulations governing school transportation will be						,			
PASSENGER INFORMATION Number of Preschool/Kindergarten pupils inding this route a NUMBER Begular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) Additional Wheelchairs (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (include ineligible Preschool/Kindergarten riders) TOTAL RIDERS We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation committee. We further certify that this bus transports public eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montaria Highway Patrol and the State Superintendent; or make such reports to the State Superintendent and County Superintendent as rerequired, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montaria Highway Patrol and the State Superintendent; or make such reports to the State Superintendent and County Superintendent or make such reports to the State Superintendent and County Superintendent or the Montaria Highway Patrol and the State Superintendent county of this document. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for into bus route. We agree that if this route crosses district lines and transport students from outside the district, a copy of the superintendents copy of this document. We understand that violations of the laws, rules or regulations governing school transportation will be									
Number of Preschool/Kindergarten pupils Indig this route Regular rindude eligible Preschool/Kindergarten (Grades PK-8) Regular rindude eligible Preschool/Kindergarten (Rinders)		8 %	50.00		%			%	
Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS diding this route a b c c A + b Regular (include eligible Preschool/Kindergarten inders) Its Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (include lineligible Preschool/Kindergarten riders) Norpublic School Riders (ineligible) TOTAL RIDERS We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent or under such resolution area. We understand that violations of the laws, rules or regulations governing school transportation area. We understand that violations of the laws, rules or regulations governing school transportation area. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for his bus or understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for his bus on the violations of shool bus, rules or require the filing of an amended TR-1 form and approval of the County Transportation Committee in work superintendents copy of this document. We understand that violations of the laws, rules or require the filing of an amended TR-1 form and approval of the County Transportation Committee in superintendents copy of this document. We understand that violations of the laws, rules or require the filing of an amended TR-1 form and approval of the County Transportation Committee in Signatur	PASSENGER INFORMATION		FLEMENTAR	Y RIDER	'S I	HIG	H SCHOOL R	IDERS	TOTAL
Regular (include eligible Preschool/Kindergarten inders) 1st Wheelchair (WC) 2nd Wheelchair (WC) 2nd Wheelchair (WC) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) TOTAL RIDERS We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent, and to provide a literased, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from solicing or causing others to solicit students from other transportation area. We also agree to refrain from solicing are susing others to solicit students from other transportation area. We understand that violations of the laws, rules or regulations governing school transportation with sufficient cause for withholding of state and county reinbursement for the understand that violations of the laws, rules or regulations governing school transportation area. We understand that violations of the laws, rules or regulations governing school transportation area assigned by the School boards of both districts shall be attached to the county superintendent's copy of this document. We understand that violations of the laws, rules or regulations governing school transportation area assigned by the County Transportation Committee in accordance with 20-10-1		ten pupils							_
Regular (include eligible Preschool/Kindergarten inders) 1st Wheelchair (WC) Additional Wheelchair (WC) Additional Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten iders) Nonpublic School Riders (ineligible) TOTAL RIDERS We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent, to make such reports to the State Superintendent and County Superintendent are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent, and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit sudents from other transportation area. We also agree to refrain from soliciting or causing others to solicit sudents from other transportation area. We also agree to refrain from soliciting or causing others to solicit sudents from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the State Superintendent of the State Superintendent and country reinbursement for his bus area of the state of t	riding this route								
Regular (include eligible Preschool/Kindergarten inders) Ist Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles oR nonresident and no attendance agreement). Ineligible Public School Riders (i.e., under 3 miles oR nonresident and no attendance agreement). (Include neligible Preschool/Kindergarten riders) We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent of the State Superintendent and County Superintendent as are required; to provide a vehicle which enters the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; compared so required as required to 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand froute changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. This Application for Registration of School Bus and State reimbursement is true and complete to the best of my knowledge and belief, and the bu)ED					
Ist Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) TOTAL RIDERS We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refain from soliciting or causing others to solicit students from other transportation area. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand that it is application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Date County Transportation Committee Approval as required in accordance with Section 20-1	Regular (include eligible Preschool/k	Kindergarten	NUMB	BEK			NUMBER		a + b
Additional Wheelchairs (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) TOTAL RIDERS We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent, and to provide a linersed, qualified and approved driver to operate such vehicle as required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent, and to provide a linersed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. This Application for Registration of S		_							
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	This Application for Registration	of School Bus	s and State Reimburs						
$oldsymbol{L}$,	, ,						Date	



This form is required in accorda receives state reimbursement e					one form for ea	ach bus route that		
	-					Rate Per Mile		
Due Dates All Routes			County Supt ober 1	t To OPI October 15	:	\$1.57		
County Name		County Number	District	Name		Legal Entity Number		
Flathead		15	Kalisp	Kalispell Public Schools		0310 0311		
Route #	Length of Rou	te (miles per day)		Service Bus Route M		Rated Capacity		
24 22.8			Rue P	□ Non Bus Mileage Bus Route Mileage 72				
Vehicle I.D. #	License	#	1 .		Contractor C			
1214	1482		□ Contra	ct - If so, Name of Owner cted rate per mile				
Reimbursement Distribution- Er	iter the legal en				oaid to each dis	trict. Note: Percentages		
Legal Entity	Legal E		natch budget Legal E		Legal Entit	v		
0310	- 5	•	3-					
% 100.00	%		%		%			
PASSENGER INFORMATION	Т	ELEMENTARY RIDI	ERS	HIGH SCHOOL R	IDERS	TOTAL		
Number of Preschool/Kindergar	ten pupils	(Grades PK-8)		(Grades 9-1	2)	ELIGIBLE RIDERS		
riding this route								
		a NUMBER		b NUMBER		c a + b		
Regular (include eligible Preschool/h	Kindergarten	NOMBER		IVOWIDER		a + 5		
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend								
agreement)								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	garten riders)							
TOTAL RIDERS								
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We agree to supervision of this b required; to provide a vehicle which								
Superintendent, and to provide a lice We also agree to refrain from sol								
We understand that violations of this bus route.					nolding of state ar	nd county reimbursement for		
We agree that if this route crosse					veen Boards, 20-	10-126(2) MCA, signed by		
the school boards of both districts sh We understand route changes of					e County Transpo	ortation Committee in		
accordance with 20-10-132, MCA. I certify that this application for i								
bus operates on the route as ap Signature - Chair, Board of Trustees		within the transportation se	ervice area a	issigned by the County Trai	Date Date	mmilee.		
				accordance with Section				
This Application for Registration area assigned to it by the Count			nas been re	eviewed and i certify that th	is ous operates	within the transportation		
Signature - Chair, County Transporta	ation Committee				Date			



This form is required in accorda receives state reimbursement e					one form for ea	ach bus route that	
	-					Rate Per Mile	
Due Date All Routes			ounty Supt ber 1	t To OPI October 15	:	\$1.57	
County Name		County Number	Name		Legal Entity Number		
Flathead		15	Kalisp	Kalispell Public Schools		0310 0311	
Route #	Length of Ro	ute (miles per day)		Service Bus Route Mi		Rated Capacity	
23	22.2		Rus R	□ Non Bus Mile coute Mileage	age	71	
Vehicle I.D. #	#	•	Ţ	Contractor C			
2236	1485			ct - If so, Name of Owner Icted rate per mile	Bibb Bus Lir	nes 	
Reimbursement Distribution- Er	nter the legal er				aid to each dis	trict. Note: Percentages	
Legal Entity 0311	Legal E		atch budget Legal E		Legal Entity	У	
% 100.00	%		%		%		
PASSENGER INFORMATION		ELEVELY SYSTEM	D0		DEDC		
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/liriders)	Kindergarten						
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	garten riders)						
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I certify that this application for bus operates on the route as ap							
Signature - Chair, Board of Trustees	•				Date		
County This Application for Registration area assigned to it by the County	of School Bus						
Signature - Chair, County Transport					Date		



1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

receives state reimbursement even though transportees of another legal entity may utilize the services.								
Due Dates	s:		To County Su	pt	То ОРІ		Rate Per Mile	
All Routes	i		October 1		October 15	!	\$1.57	
County Name		County Numb	per Distric	District Name			Legal Entity Number	
Flathead		15	Kalis	pell Public	Schools		0310 0311	
Route #	Length of Route (miles per day)				□ Bus Route Mile		Rated Capacity	
6	108.1		Bus	Route Mile	□ Non Bus Milea age	age	72	
Vehicle I.D. #	Licen	se#		ct Owned		Contractor C		
5187	2365	5		act - If so, Na acted rate pe	me of Owner E	d & Edith S	Sanders —	
Reimbursement Distribution- Er	nter the legal	entity number and pe	ercentage of state/o		rsement to be pa	aid to each dis	trict. Note: Percentages	
Legal Entity	Lega	l Entity	Legal			Legal Entity	y	
0311								
% 100.00	%		%			%		
PASSENGER INFORMATION								
Number of Preschool/Kindergar riding this route	ten pupils		RY RIDERS s PK-8)	HIG	GH SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS	
			a IBER		b NUMBER		c a + b	
Regular (include eligible Preschool/hriders)	Kindergarten						u .	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	lance							
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Signature - Chair, Board of Trustees	S					Date		
This Application for Registration area assigned to it by the Count	n of School B ty Transporta	tion Committee.						
Signature - Chair, County Transporta	ation Committe	ee				Date		



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Due Dates All Routes			ounty Supt	To OF Octob		Rate Per Mile \$1.57		
County Name		County Number	District	Name		Legal Entity Number		
Flathead		15		ell Public Scho		0310 0311		
Route #	Length of Rou	ute (miles per day)	Type of		Route Mileage	Rated Capacity		
8	105.9		Bus R	oute Mileage	Bus Mileage	72		
Vehicle I.D. #	License	#	□ District	Owned		ctor Owned		
4626	1469			ct - If so, Name of 0 cted rate per mile _	Owner Sally C	hristensen		
Reimbursement Distribution- Er	iter the legal en				t to be paid to ea	ach district. Note: Percentages		
Legal Entity	Legal E		atch budget Legal E		Lega	al Entity		
0311	ŭ	,		,	ŭ			
% 100.00	%		%		%			
PASSENGER INFORMATION	70		70		70			
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY RIDE (Grades PK-8)	ERS		HOOL RIDERS des 9-12)	TOTAL ELIGIBLE RIDERS		
		a NUMBER		NU	b JMBER	c a + b		
Regular (include eligible Preschool/hriders)	Kindergarten							
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
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County 3		Committee Approval as I	equired in	accordance with 9	Section 20-10-13	32 MCA		
This Application for Registration area assigned to it by the Count	of School Bus	and State Reimbursement						
Signature - Chair, County Transport	, ,	50111111111100.			Date			



1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name Legal Entity Number County Number District Name Flathead Kalispell Public Schools 0310 0311 Type of Service ☐ Bus Route Mileage Length of Route (miles per day) Route # Rated Capacity □ Non Bus Mileage 72 144 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Kiddie Coach 1477 7368 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0311 100.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils **ELIGIBLE RIDERS** (Grades PK-8) (Grades 9-12) riding this route h С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



This form is required in accorda receives state reimbursement e							one form for e	ach bus route that
		ough trains		County Su				Rate Per Mile
Due Date All Routes				ober 1	ρt	To OPI October 15		\$0.95
County Name			County Number	Distri	ct Name			Legal Entity Number
Flathead			15	Kalis	spell Public	Schools		0310 0311
Route #					of Service	□ Bus Route Mi		Rated Capacity
33a	33a 84			Bus	Route Mile	☐ Non Bus Mile	age	11
Vehicle I.D. # License #			1	1	ct Owned		District Own	ied
5564		1377			ract - If so, Na racted rate pe	ame of Owner er mile		
Reimbursement Distribution- Er	nter the	e legal enti		ge of state/onatch budg		ursement to be p	aid to each dis	strict. Note: Percentages
Legal Entity		Legal En			Entity		Legal Entit	ty
0310								
% 100.00		%		%			%	
PASSENGER INFORMATION								
Number of Preschool/Kindergal riding this route	rten pu	pils	ELEMENTARY RID (Grades PK-8)	ERS	HI	IGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
Hairig this route								
			a NUMBER			b NUMBER		c a+b
Regular (include eligible Preschool/liriders)	Kinderga	arten						
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service	е						
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)		3						
agreement) (Include ineligible Preschool/Kinderg		idere)						
Nonpublic School Riders (ineligible)		ide(i3)						
TOTAL RIDERS								
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bus operates on the route as ap	proved					•	sportation Cor	•
Signature - Chair, Board of Trustees	5						Date	
County This Application for Registration area assigned to it by the Coun	n of Sch	hool Bus a						
Signature - Chair, County Transport	_						Date	_



receives state reimbursement e Due Dates All Routes	ven though trar	nsportees of another lega				Rate Per Mile \$1.57
County Name		County Number	District N	Name		Legal Entity Number
Flathead		15	Kalispe	ell Public Schools		0310 0311
Route #	Length of Route (miles per day) 85		Type of			Rated Capacity 72
Vehicle I.D. #	License	#	□ District	Owned	Contractor C	
0025	2752			t - If so, Name of Owner ted rate per mile	Ron Zimmei	rman —
Reimbursement Distribution- Er	iter the legal en		age of state/cou match budget!		oaid to each dis	trict. Note: Percentages
Legal Entity 0311			Legal Er		Legal Entit	У
% 100.00	%		%		%	
PASSENGER INFORMATION		ELEMENTA DV DU	DEDO	LIIOLI OOLIOOL D	IDEDO	TOTAL
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY RII (Grades PK-8		HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS
		a NUMBER		b NUMBER		c a + b
Regular (include eligible Preschool/liriders)	Kindergarten					
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance					
TOTAL RIDERS						
We hereby certify that this bus will County Transportation Committee. We agree to supervision of this be required; to provide a vehicle which Superintendent; and to provide a lice We also agree to refrain from sol We understand that violations of this bus route. We agree that if this route crosses the school boards of both districts of We understand route changes of accordance with 20-10-132, MCA.	We further certify us and bus route meets the minimularsed, qualified a ciciting or causing the laws, rules or as district lines annuall be attached to	that this bus transports pupil by the State Superintendent; im standards as established and approved driver to operate others to solicit students fron regulations governing schoold transports students from our of the county superintendent's	Is eligible for scho; to make such re by the Board of Fe such vehicle as nother transportal transportation wutside the district, scopy of this doc	pol transportation as defined be ports to the State Superintend Public Education, the Montana required by 20-10-103, MCA ation areas. Will be sufficient cause for with a copy of the agreement betweent.	y 20-10-101, MC, lent and County S Highway Patrol a nolding of state an veen Boards, 20-	A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by
I certify that this application for the bus operates on the route as application for the section of the section						
Signature - Chair, Board of Trustees					Date	
County This Application for Registration area assigned to it by the County	of School Bus	and State Reimbursemen	-	accordance with Section viewed and I certify that this		
Signature - Chair, County Transport	<u> </u>				Date	



1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

receives state reimbursement even though transportees of another legal entity may utilize the services.						s.		Data Dan Mila
Due Dates All Routes			To Cou Octobe	unty Supt er 1		OPI ctober 15		Rate Per Mile \$1.57
County Name		County Number	•	District N	Name			Legal Entity Number
Flathead		15			ell Public Sc			0310 0311
Route #	Length of Ro	oute (miles per day)		Type of		Bus Route Mil		Rated Capacity
9	45.8			Bus Ro	oute Mileage	Ion Bus Milea e	age	72
Vehicle I.D. #	License	e #		□ District (_	Contractor C	
9888	1479				t - If so, Name ted rate per m		kiddie Coac	h
Reimbursement Distribution- En	iter the legal e					ment to be pa	aid to each dis	trict. Note: Percentages
Legal Entity	Legal E		nust mate	ch budget! Legal En			Legal Entity	/
0310		0311		Ü	,			
0/ 40.00	0/	00.00		0/			0/	
% 40.00 PASSENGER INFORMATION	%	60.00		%			%	_
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY (Grades F		S		SCHOOL RII Grades 9-12		TOTAL ELIGIBLE RIDERS
		a NUMBE	ΕR			b NUMBER		c a + b
Regular (include eligible Preschool/hriders)	Kindergarten					-		
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance							
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
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This Application for Registration	of School Bus							
area assigned to it by the Count Signature - Chair, County Transporta	, ,						Date	
5,,								



This form is required in accorda receives state reimbursement e						one form for ea	ach bus route that
Due Date : All Routes				County Sup	t To OPI October 15		Rate Per Mile \$1.57
County Name			County Number	District	Name		Legal Entity Number
Flathead			15		ell Public Schools		0310 0311
Route #	Length o	gth of Route (miles per day)		Type o	f Service ☐ Bus Route Mi ☐ Non Bus Mile		Rated Capacity
14	45.8			Bus F	Route Mileage		78
Vehicle I.D. #	Lice	ense #		□ Distric	t Owned [lct - If so, Name of Owner	District Own	ed
0760	12	18			cted rate per mile		
Reimbursement Distribution- Er	nter the leg	al entity		e of state/co		aid to each dis	trict. Note: Percentages
Legal Entity 0310	Leç	gal Entity		Legal E		Legal Entit	у
		00	· 1 1				
% 50.00		% 50.	00	%		%	
PASSENGER INFORMATION			ELEMENTARY RIDI	ERS	HIGH SCHOOL RI	IDERS	TOTAL
Number of Preschool/Kindergar riding this route	ten pupils		(Grades PK-8)	LINO	(Grades 9-12		ELIGIBLE RIDERS
			a NUMBER		b NUMBER		c a + b
Regular (include eligible Preschool/liriders)	Kindergarter	n	NOWBER		NOMBER		u · b
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	lance	3)					
TOTAL RIDERS							
We hereby certify that this bus will County Transportation Committee. We agree to supervision of this be required; to provide a vehicle which Superintendent; and to provide a lice. We also agree to refrain from sof We understand that violations of this bus route. We agree that if this route crosses the school boards of both districts stift we understand route changes of accordance with 20-10-132, MCA. I certify that this application for in bus operates on the route as application.	We further ones and bus meets the mensed, qualificiting or cauthe laws, rules district line and be attacked by the attacked provided by the formal of the laws, and the laws, rules district line and be attacked by the laws of the laws	certify that route by the route	this bus transports pupils ne State Superintendent; to tandards as established pproved driver to operate rs to solicit students from culations governing school to the students from outs county superintendent's cool year require the filing of bus and state reimbus	eligible for scloon make such in yithe Board of yithe Board of such vehicle a other transportation iside the distriction opp of this do of an amende ursement is its of months and the series of the s	nool transportation as defined by reports to the State Superintend. Public Education, the Montana as required by 20-10-103, MCA. tation areas. will be sufficient cause for withh t, a copy of the agreement betwoument. d TR-1 form and approval of the true and complete to the best	y 20-10-101, MC, ent and County S Highway Patrol a colding of state an eeen Boards, 20- e County Transpos st of my knowle	A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by ortation Committee in added and belief, and the
					accordance with Section 2		
This Application for Registration area assigned to it by the Count	ty Transpo	rtation C		nas been re	eviewed and I certify that this		within the transportation
Signature - Chair, County Transport	ation Comm	ittee				Date	



This form is required in accorda receives state reimbursement e							omplete on	e form for ea	ach bus route that
Due Dates All Routes				To Cou	inty Supt er 1	To OP Octob			Rate Per Mile \$0.95
County Name			County Number		District	Name		Legal Entity Number	
Flathead Route #	Longi	th of Do	15 ute (miles per day)	Kalispell Public Schoo					0310 0311 Rated Capacity
		ui oi Ro	ute (miles per day)		Type of Service ☐ Bus Ro		Route Mileag	_	
10 Vehicle I.D. #	<u>_</u>		T	Bus R	oute Mileage	Die	trict Own	11	
0933					Contra	ct - If so, Name of 0 cted rate per mile _		Strict Own	<u></u>
Reimbursement Distribution- Er	nter the	legal er			f state/co		t to be paid	to each dis	trict. Note: Percentages
Legal Entity 0311		Legal E		ust mate	Legal E			Legal Entit	у
% 100.00		%			%			%	
PASSENGER INFORMATION			EL EMENTA DV	DIDED	0	111011 001	IOOL DID	-D0	TOTAL
Number of Preschool/Kindergar riding this route	ten pur	pils	ELEMENTARY (Grades Pl		5		HOOL RIDE des 9-12)	:K5	TOTAL ELIGIBLE RIDERS
			a NUMBE	R		NI	b JMBER		c a + b
Regular (include eligible Preschool/hriders)	Kinderga	arten							
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service	•							
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	lance								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	garten no	ders)							
TOTAL RIDERS									
We hereby certify that this bus will County Transportation Committee. We agree to supervision of this be required; to provide a vehicle which Superintendent; and to provide a licc. We also agree to refrain from sol We understand that violations of this bus route. We agree that if this route crosses the school boards of both districts show understand route changes of accordance with 20-10-132, MCA.	We furth ous and to meets the ensed, q iciting or the laws es district hall be a ccurring	ner certify bus route he minimo qualified a r causing s, rules or at lines an attached to during the	that this bus transports p by the State Superintend um standards as establish ind approved driver to ope others to solicit students regulations governing sci d transports students from the county superintende e school year require the	pupils elig lent; to m hed by the erate such from othe shool trans m outside ent's copy filing of a	ible for sch ake such re e Board of h vehicle a er transport sportation the district of this doo in amended	pool transportation as of eports to the State Su Public Education, the srequired by 20-10-10 particulation areas. Will be sufficient cause to a copy of the agreent cument.	defined by 20 perintendent Montana Hig 03, MCA. e for withhold nent between oval of the Co	D-10-101, MC, and County Synway Patrol alling of state and Boards, 20-	A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by ortation Committee in
I certify that this application for rouse operates on the route as ap	proved								
Signature - Chair, Board of Trustees								Date	
County This Application for Registration area assigned to it by the County	of Sch	nool Bus							
Signature - Chair, County Transporta	ation Co	mmittee						Date	



1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20. Chapter 10. Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement e		,				•		
Due Dates	s:		To Co	ounty Supt	t	To OPI		Rate Per Mile
All Routes			Octol	ber 1		October 15	:	\$1.57
County Name			County Number	District	District Name			Legal Entity Number
Flathead			15	Kalisp	ell Public	Schools		0310 0311
Route #	Length of	Route	(miles per day)	Type of		☐ Bus Route Mil		Rated Capacity
7	63.6			Bus R	oute Mile	□ Non Bus Milea	age	72
Vehicle I.D. #	Lice	nse #		□ District	Owned	C	Contractor C	
0069	147	' 8			ct - If so, N cted rate pe	ame of Owner 🗜 er mile	Kiddie Coac	:h
Reimbursement Distribution- En	iter the lega	al entity		of state/co		ursement to be pa	aid to each dis	trict. Note: Percentages
Legal Entity	Leg	al Entit		Legal E			Legal Entity	у
0310		0	311					
% 25.00	C	% 75	5.00	%			%	
PASSENGER INFORMATION								
Number of Preschool/Kindergar riding this route	ten pupils		ELEMENTARY RIDE (Grades PK-8)	RS	HI	IGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER			b NUMBER		c a+b
Regular (include eligible Preschool/hriders)	Kindergarten							
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance							
Nonpublic School Riders (ineligible)	jarteri nacio)							
TOTAL RIDERS								
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Signature - Chair, Board of Trustees		and Wit	nin the transportation ser	vice area a	ssignea by	the County Fran	Date Date	mmitee.
	.	41 6					20.40.400.100	
This Application for Registration area assigned to it by the Count	of School ty Transpor	Bus an tation (bus operates	
Signature - Chair, County Transporta	ation Commi	ttee					Date	



1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20. Chapter 10. Part 1, MCA. School district official must complete one form for each bus route that

receives state reimburs	sement even the	ough trans	portees of another legal e	ntity may ut	ilize the services	S.		Data Dan Mila
	ue Dates:			ounty Supt		OPI		Rate Per Mile
Α	II Routes		Octo	ber 1	Oc	tober 15		\$1.57
County Name			County Number	District	Name			Legal Entity Number
Flathead			15		Kalispell Public Schools			0310 0311
Route #	Leng	th of Route	e (miles per day)	Type of	Service DB			Rated Capacity
3	64.9	9		Bus R	□ N oute Mileage	on Bus Milea	ge	72
Vehicle I.D. #		License #		□ District			ontractor C	Owned
4141		1846			ct - If so, Name cted rate per mi		on Dyer	
Reimbursement Distrib	oution- Enter the	e legal entit	y number and percentage	of state/co		nent to be pa	id to each dis	trict. Note: Percentages
Legal Entity		Legal Ent		Legal E			Legal Entity	у
0311								
% 100.00		%		%			%	
PASSENGER INFORM	MATION			_				_
Number of Preschool/k riding this route	Kindergarten pu	ıpils	ELEMENTARY RIDE (Grades PK-8)	RS		SCHOOL RIE Grades 9-12)	DERS	TOTAL ELIGIBLE RIDERS
			a NUMBER			b NUMBER		c a+b
Regular (include eligible P	Preschool/Kinderg	arten	-			-		
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (W	/C)							
Non-WC IEP Lists Trans a	as Related Service	е						
TOTAL ELIGIBLE RID	ERS							
Ineligible Public School Ri miles OR nonresident and agreement)		3						
(Include ineligible Prescho Nonpublic School Riders (iders)						
TOTAL RIDERS								
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Signature - Chair, Board o	of Trustees						Date	
This Application for Re area assigned to it by t	gistration of Scl he County Tran	hool Bus an	committee Approval as r nd State Reimbursement Committee.	•			bus operates	
Signature - Chair, County	rransportation Co	ommittee					Date	



1 copy State Supt. 1 copy County Supt. 1 copy School District

T copy ocnoor bisti

This form is required in accorda receives state reimbursement e							one form for e	ach bus route that
Due Dates All Routes				Cou ctober	nty Supt	To OPI October 15		Rate Per Mile \$1.57
County Name			County Number	District Name				Legal Entity Number
Flathead			15	Kalispell Public Schools				0310 0311
Route #	oute # Length of Route (miles per day)		e (miles per day)		Type of	Service Bus Route Mi Non Bus Mile		Rated Capacity
40 72					Bus R	oute Mileage	age	71
Vehicle I.D. # License #					District	Owned Council	District Own	ed
6145		936				cted rate per mile		
Reimbursement Distribution- Er	nter the	e legal entit			state/co h budget		aid to each dis	strict. Note: Percentages
Legal Entity 0310		Legal Enti			Legal E		Legal Entit	у
0310								
% 100.00		%			%		%	
PASSENGER INFORMATION			EL EMENTA DV DU	DEDC	.	LIICH CCHOOL BI	DEDC	TOTAL
Number of Preschool/Kindergar riding this route	ten pu	pils	ELEMENTARY RI (Grades PK-8		•	HIGH SCHOOL RI (Grades 9-12		ELIGIBLE RIDERS
			a NUMBER			b NUMBER		c a+b
Regular (include eligible Preschool/k riders)	Kinderga	arten	NOMBER			NOMBER		u + 5
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service	Э						
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance							
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.								
Signature - Chair, Board of Trustees	;						Date	
This Application for Registration area assigned to it by the Count	of Sch ty Tran	hool Bus ar sportation	nd State Reimburseme			accordance with Section 2 eviewed and I certify that this		
Signature - Chair, County Transport	ation Co	ommittee					Date	



1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name Legal Entity Number County Number District Name Flathead Kalispell Public Schools 0310 0311 Type of Service ☐ Bus Route Mileage Length of Route (miles per day) Route # Rated Capacity □ Non Bus Mileage 72 72 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Van Rinsum Buses 3879 4750 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0311 0310 % 69.66 % 30.34 % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils **ELIGIBLE RIDERS** (Grades PK-8) (Grades 9-12) riding this route h С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



This form is required in accordance receives state reimbursement of					e one form for e	each bus route that
Due Date	-	,	County Sup			Rate Per Mile
All Routes			ober 1	October 15		\$1.80
County Name		County Number	District	Name		Legal Entity Number
Flathead		15	Kalisp	pell Public Schools		0310 0311
Route #	Length of Route (miles per day)		Type of	f Service Bus Route N	-	Rated Capacity
2	70		Bus F	□ Non Bus Mi Route Mileage	leage	88
Vehicle I.D. #	Licens	se#	□ Distric	t Owned	Contractor	
4145	BUS	2		act - If so, Name of Owner acted rate per mile	Van Rinsur	n Buses
Reimbursement Distribution- E	nter the legal		e of state/co		paid to each di	strict. Note: Percentages
Legal Entity 0311	Legal	Entity	Legal E	Entity	Legal Enti	ty
% 100.00	%		%		%	
PASSENGER INFORMATION		ELEMENTA DV. DID	EDC	HIGH COHOOL	DIDEDO	TOTAL
Number of Preschool/Kinderga	rten pupils	ELEMENTARY RID (Grades PK-8)	EKS	HIGH SCHOOL I (Grades 9-1		TOTAL ELIGIBLE RIDERS
riding this route						
		a NUMBER		b NUMBER	1	c a + b
Regular (include eligible Preschool/	Kindergarten	NOWBER		NOWBER	\	атр
riders) 1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	d Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement)						
(Include ineligible Preschool/Kinder						
Nonpublic School Riders (ineligible)						
TOTAL RIDERS						
County Transportation Committee. We agree to supervision of this I required; to provide a vehicle which Superintendent; and to provide a lic We also agree to refrain from so We understand that violations of this bus route. We agree that if this route cross the school boards of both districts s We understand route changes of accordance with 20-10-132, MCA.	We further cert bus and bus rou meets the mini ensed, qualified liciting or causin the laws, rules es district lines hall be attached ccurring during	Ite by the State Superintendent; the mum standards as established by a read and approved driver to operate any others to solicit students from or regulations governing school and transports students from out at to the county superintendent's of the school year require the filing	eligible for solo o make such r y the Board of such vehicle a other transpor transportation side the distric copy of this do of an amende	hool transportation as defined reports to the State Superinter f Public Education, the Montan as required by 20-10-103, MC/tation areas. will be sufficient cause for with the sument.	by 20-10-101, MC Ident and County a Highway Patrol A. Inholding of state a tween Boards, 20 The County Transp	CA. Superintendent as are and the State and county reimbursement for -10-126(2) MCA, signed by ortation Committee in
I certify that this application for bus operates on the route as a						
Signature - Chair, Board of Trustee					Date	
County This Application for Registration area assigned to it by the Cour	n of School B					
Signature - Chair, County Transpor					Date	



1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that

Due Dates	-	ansportees of another	To County Supt		Rate Per Mile		
All Routes			October 1	October 15	\$0.95		
County Name		County Numbe	r District	Name	Legal Entity Number		
Flathead		15	Kalisp	ell Public Schools	0310 0311		
Route #	Length of R	oute (miles per day)	Type of	Service □ Bus Route Mileage □ Non Bus Mileage	Rated Capacity		
33b	61		Bus R	oute Mileage	11		
Vehicle I.D. #	Licens	e#	□ District		Owned		
5564 1377				ct - If so, Name of Owner cted rate per mile			
Reimbursement Distribution- En	ter the legal o		centage of state/co	unty reimbursement to be paid to ear	ch district. Note: Percentages		
Legal Entity	Legal		Legal E		Entity		
0310							
% 100.00	%		%	%			
PASSENGER INFORMATION							
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTAR (Grades		HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS		
		a NUMB	ED	b NUMBER	c a + b		
Regular (include eligible Preschool/kriders)	Kindergarten	NOMB)LIX	NOWBLIX	a · b		
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance						
Nonpublic School Riders (ineligible)	arteri ridere)						
TOTAL RIDERS							
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This Application for Registration area assigned to it by the Count	of School Bu y Transportat	is and State Reimburs tion Committee.		accordance with Section 20-10-13: viewed and I certify that this bus ope			
Signature - Chair, County Transporta	ation Committee	e		Date			



1 copy State Supt. 1 copy County Supt. 1 copy School District

School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							one form for e	ach bus route that
Due Dates All Routes				Cou ctober	nty Supt	t To OPI October 15		Rate Per Mile \$0.95
County Name			County Number	District Name				Legal Entity Number
Flathead			15			ell Public Schools		0310 0311
Route #	# Length of Route (miles per day)		e (miles per day)		Type of	f Service □ Bus Route Mi □ Non Bus Mile		Rated Capacity
36 51					Bus R	Coute Mileage	age	21
Vehicle I.D. # License #					District	: Owned Ct - If so, Name of Owner	District Own	ed
3155		1285			Contra	cted rate per mile		
Reimbursement Distribution- Er	iter the	e legal entit			state/co h budget		aid to each dis	strict. Note: Percentages
Legal Entity 0310		Legal Ent			Legal E		Legal Entit	у
0310								
% 100.00		%			%		%	
PASSENGER INFORMATION			EL EMENTA DV DU	DEDC	.	LIICH CCHOOL DI	DEDC	TOTAL
Number of Preschool/Kindergar riding this route	ten pu	pils	ELEMENTARY RII (Grades PK-8		•	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER			b NUMBER		c a+b
Regular (include eligible Preschool/k riders)	Kinderg	arten	NOMBER			NOMBER		u + 5
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service	е						
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance							
Nonpublic School Riders (ineligible)	,							
TOTAL RIDERS								
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Signature - Chair, Board of Trustees							Date	
County 1 This Application for Registration area assigned to it by the Count	of Scl	hool Bus a	nd State Reimburseme			accordance with Section 2 eviewed and I certify that this		
Signature - Chair, County Transporta	ation Co	ommittee					Date	



1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 Legal Entity Number County Name County Number District Name Flathead Kalispell Public Schools 0310 0311 Type of Service ☐ Bus Route Mileage Length of Route (miles per day) Route # Rated Capacity □ Non Bus Mileage 71 18 50.5 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Kiddie Coach 1486 8945 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0311 100.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils **ELIGIBLE RIDERS** (Grades PK-8) (Grades 9-12) riding this route h С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



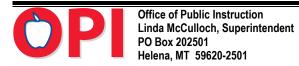
1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

receives state reimbursement e		,				•		
Due Dates	s:		To Co	ounty Supt	:	To OPI		Rate Per Mile
All Routes			Octol	per 1		October 15		\$1.57
County Name			County Number	District	District Name			Legal Entity Number
Flathead			15		Kalispell Public Schools			0310 0311
Route #	Length of	f Route	(miles per day)	Type of		□ Bus Route Mil		Rated Capacity
20	53.6			Bus R	oute Mile	□ Non Bus Milea age	age	72
Vehicle I.D. #	Lice	ense #		□ District		_	Contractor C	
7419	137	73			ct - If so, Na cted rate pe	ame of Owner E er mile	Bibb Bus Lii	nes —
Reimbursement Distribution- En	iter the leg	al entity		of state/co		rsement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity	Leg	al Entit	у	Legal E			Legal Entit	y
0310		0	311					
% 50.00		% 50	.00	%			%	
PASSENGER INFORMATION								
Number of Preschool/Kindergar riding this route	ten pupils		ELEMENTARY RIDE (Grades PK-8)	RS	HI	GH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER			b NUMBER		с a + b
Regular (include eligible Preschool/hriders)	Kindergarten	1						
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance)						
Nonpublic School Riders (ineligible)	jartori naoro	/						
TOTAL RIDERS								
We hereby certify that this bus wi County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lice We also agree to refrain from soli We understand that violations of this bus route. We agree that if this route crosse the school boards of both districts she we understand route changes of accordance with 20-10-132, MCA. I certify that this application for rous operates on the route as ap	We further ous and bus ruments the mensed, qualificiting or cauthe laws, rules district lines all be attack courring during during during guitable.	ertify that route by sinimum sided and a sing other services and transfer to the route of school	t this bus transports pupils eithe State Superintendent; to standards as established by approved driver to operate sters to solicit students from of pulations governing school transports students from outside county superintendent's cothool year require the filing of bol bus and state reimbur	igible for sch make such ri the Board of uch vehicle a her transport ansportation v de the district py of this doc an amended sement is ti	ool transport ports to the Public Educa s required by ation areas. will be sufficient, a copy of the cument. It TR-1 form a rue and con rue and con rue and con the property of the cument.	ation as defined by State Superintende tition, the Montana I 20-10-103, MCA. ent cause for withhouse agreement between and approval of the applete to the bes	20-10-101, MC ent and County 9 Highway Patrol a blding of state an een Boards, 20- County Transport t of my knowle	A. Superintendent as are and the State Ind county reimbursement for 10-126(2) MCA, signed by ortation Committee in edge and belief, and the
Signature - Chair, Board of Trustees		anu Wil	mir ure transportation ser	VICE AIEA A	ooiyiitu by	are County ITAN	Date Date	millee.
								_
This Application for Registration area assigned to it by the Count	of School ty Transpor	Bus an					bus operates	
Signature - Chair, County Transporta	ation Commi	ittee					Date	



This form is required in accordance receives state reimbursement events.					one form for e	ach bus route that
	_	•				Rate Per Mile
Due Dates All Routes			County Sup ctober 1	ot To OPI October 15		\$1.57
County Name		County Number	District	Name		Legal Entity Number
Flathead		15	Kalis	pell Public Schools		0310 0311
Route #	Length of R	oute (miles per day)		f Service Bus Route M		Rated Capacity
27	53.6			□ Non Bus Mile Route Mileage	eage	72
Vehicle I.D. #	Licens	e #	□ Distric	t Owned (Contractor (
9794	1310			act - If so, Name of Owner acted rate per mile	Komenda E	nt Inc
Reimbursement Distribution- En	ter the legal of		age of state/co match budge		aid to each dis	strict. Note: Percentages
Legal Entity 0311	Legal		Legal E		Legal Entit	ty
% 100.00	%		%		%	
PASSENGER INFORMATION		ELEMENTARY RI	DEDC	HIGH SCHOOL R	IDEBS	TOTAL
Number of Preschool/Kindergard	ten pupils	(Grades PK-8		(Grades 9-12		ELIGIBLE RIDERS
riding this route						
		a NUMBER		b NUMBER		c a + b
Regular (include eligible Preschool/Kriders)	Kindergarten					
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., miles OR nonresident and no attenda						
agreement) (Include ineligible Preschool/Kinderg						
Nonpublic School Riders (ineligible)	arterrinaers)					
TOTAL RIDERS						
We hereby certify that this bus wi	Il onerate entire	ely on the route established by	the Board of Tr	ustees and within the transporta	tion area assign	ed and approved by the
County Transportation Committee. \(\) We agree to supervision of this by required; to provide a vehicle which the Superintendent; and to provide a lice	We further certi- us and bus rout meets the minir	fy that this bus transports pupi te by the State Superintendent num standards as established	Is eligible for so t; to make such by the Board o	hool transportation as defined by reports to the State Superintend f Public Education, the Montana	y 20-10-101, MC lent and County : Highway Patrol	A. Superintendent as are
We also agree to refrain from soli We understand that violations of t	citing or causin	g others to solicit students from	m other transpo	rtation areas.		nd county reimbursement for
this bus route. We agree that if this route crosse		•		, 1,	een Boards, 20-	10-126(2) MCA, signed by
the school boards of both districts sh We understand route changes oc					e County Transpo	ortation Committee in
accordance with 20-10-132, MCA. I certify that this application for r						
bus operates on the route as ap Signature - Chair, Board of Trustees		u within the transportation	service area	assigned by the County Tran	Date Date	mmittee.
County T This Application for Registration area assigned to it by the Count	of School Bu	s and State Reimburseme		accordance with Section eviewed and I certify that thi		
Signature - Chair, County Transporta					Date	



This form is required in accordar receives state reimbursement events.							ne form for ea	ach bus route that
Due Dates All Routes	s:	·	To (County Sober 1	•	To OPI October 15		Rate Per Mile \$1.80
County Name			County Number	Dist	trict Name			Legal Entity Number
Flathead			15	Kalispell Public School				0310 0311
Route #	Length of	f Route	(miles per day)	Тур	Type of Service ☐ Bus Route ☐ Non Bus			Rated Capacity
28	48.2				s Route Mile	eage		84
Vehicle I.D. # License # 1410			 □ District Owned □ Contract - If so, Name of Owner □ Contracted rate per mile 					
Reimbursement Distribution- En	iter the lega	al entity		e of state	e/county reimbu		id to each dis	trict. Note: Percentages
Legal Entity 0310 Legal Entity 0311		1	Lega	al Entity		Legal Entit	у	
% 35.00 % 65.00		00	9/	%		%		
PASSENGER INFORMATION								
Number of Preschool/Kindergar riding this route	ten pupils		ELEMENTARY RID (Grades PK-8)	ERS	HI	GH SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS
			a NUMBER			b NUMBER		c a+b
Regular (include eligible Preschool/kriders)	Kindergarten		NOMBER			NOMBER		u · b
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	jarten riders))						
TOTAL RIDERS								
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I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.								
Signature - Chair, Board of Trustees	:						Date	
County T This Application for Registration area assigned to it by the Count	of School	Bus and						
Signature - Chair, County Transporta							Date	



Office of Public Instruction Linda McCulloch, Superintendent PO Box 202501 Helena, MT 59620-2501 Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance with Title 2 receives state reimbursement even though tra				one form for ea	ach bus route that
-					Rate Per Mile
Due Dates: All Routes	Octob	ounty Supt per 1	To OPI October 15		\$1.36
County Name	County Number	District	Name		Legal Entity Number
Flathead	15	Kalisp	ell Public Schools		0310 0311
Route # Length of Ro	ute (miles per day)		Service Bus Route Mi		Rated Capacity
30 47.2		Bus R	□ Non Bus Mile oute Mileage	age	65
Vehicle I.D. # License	#	□ District	Owned (Contractor C	
0487 1807			ct - If so, Name of Owner cted rate per mile	Patricia Fish	er
Reimbursement Distribution- Enter the legal er		of state/co		aid to each dis	trict. Note: Percentages
Legal Entity Legal E		Legal E		Legal Entit	у
0310					
% 100.00 %		%		%	
PASSENGER INFORMATION					
Number of Preschool/Kindergarten pupils	ELEMENTARY RIDEI (Grades PK-8)	RS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
riding this route	(=:====::,		(0.55000)	-,	
	a		b		С
Regular (include eligible Preschool/Kindergarten	NUMBER		NUMBER		a + b
riders) 1st Wheelchair (WC)					
2nd Wheelchair (WC)					
Additional Wheelchairs (WC)					
Non-WC IEP Lists Trans as Related Service					
TOTAL ELIGIBLE RIDERS					
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance					
agreement) (Include ineligible Preschool/Kindergarten riders)					
Nonpublic School Riders (ineligible)					
TOTAL RIDERS					
We hereby certify that this bus will operate entirely	y on the route established by the	Board of Tru	stees and within the transporta	tion area assigne	ed and approved by the
County Transportation Committee. We further certify We agree to supervision of this bus and bus route					
required; to provide a vehicle which meets the minim Superintendent; and to provide a licensed, qualified a					and the State
We also agree to refrain from soliciting or causing We understand that violations of the laws, rules or				olding of state ar	nd county reimbursement for
this bus route. We agree that if this route crosses district lines an		·		J	,
the school boards of both districts shall be attached t We understand route changes occurring during th accordance with 20-10-132, MCA.	o the county superintendent's co	by of this doo	cument.		
I certify that this application for registration of s bus operates on the route as approved by and					
Signature - Chair, Board of Trustees	within the transportation ser	vice dica d	saigned by the County Hal	Date	mmuee.
County Transportation This Application for Registration of School Bus area assigned to it by the County Transportation					
Signature - Chair, County Transportation Committee				Date	



1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

receives state reimbursement even though transportees of another legal entity may utilize the services.								
Due Dates All Routes			ounty Supt ber 1	To OPI October 15		Rate Per Mile \$1.57		
County Name		County Number	District I	Name		Legal Entity Number		
Flathead		15		ell Public Schools		0310 0311		
Route #	Length of Rou	te (miles per day)	Type of	Service □ Bus Route □ Non Bus I		Rated Capacity		
12	24.8		Bus R	oute Mileage	villeage	71		
Vehicle I.D. #	License	#	□ District		Contractor C			
7098	1962			ct - If so, Name of Owne cted rate per mile	er Berry Frans	portation & Leasing		
Reimbursement Distribution- En	iter the legal en				e paid to each dis	trict. Note: Percentages		
Legal Entity	Legal Er		atch budget! Legal Er		Legal Entity	y		
0311		•		•				
% 100.00	%		%		%	%		
PASSENGER INFORMATION								
Number of Preschool/Kindergarten pupils riding this route		ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHOO (Grades 9		TOTAL ELIGIBLE RIDERS		
		a NUMBER				c a + b		
Regular (include eligible Preschool/hriders)	Regular (include eligible Preschool/Kindergarten							
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related								
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance							
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
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						_		
This Application for Registration	of School Bus							
area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date								



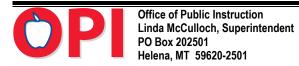
receives state reimbursement e		er legal entity may utilize the services.				Rate Per Mile		
Due Date All Routes			To County Son October 1	upt	To OPI October 15		\$1.57	
County Name		County Number	Distr	ict Name			Legal Entity Number	
Flathead		15	Kali	spell Public	Schools		0310 0311	
Route #	Length of Ro	oute (miles per day)	Туре	Type of Service ☐ Bus Route Mil			Rated Capacity	
11	24		Bus	Route Mile		age	71	
Vehicle I.D. #	License	e #		rict Owned	_	Contractor C		
9379	1961			tract - If so, Na tracted rate pe		serry Trans	portation & Leasing	
Reimbursement Distribution- Er	nter the legal e		entage of state		ursement to be pa	aid to each dis	trict. Note: Percentages	
Legal Entity 0311	Legal I			Legal Entity		Legal Entity	Legal Entity	
% 100.00	%		%			%	~ %	
PASSENGER INFORMATION	T		DIDEDO	111	CIT COLICOT E.	DEDC	TOTAL	
Number of Preschool/Kindergarten pupils riding this route		ELEMENTARY (Grades Pl		HI	GH SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS	
			R	b NUMBER		c a+b		
Regular (include eligible Preschool/liriders)	Kindergarten							
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related Service								
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)								
Nonpublic School Riders (ineligible)	,							
TOTAL RIDERS								
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I certify that this application for bus operates on the route as ap								
Signature - Chair, Board of Trustees						Date		
County This Application for Registration area assigned to it by the County	of School Bu							
Signature - Chair, County Transport						Date		



1 copy State Supt. 1 copy County Supt. 1 copy School District

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receives state reimbursement even though transportees of another legal entity may utilize the services.									
Due Dates	s:		To Co	To County Supt To OPI				Rate Per Mile	
All Routes			Octob	er 1		October 15		\$1.57	
County Name		County Number	District I	District Name			Legal Entity Number		
Flathead			15	Kalisp	Kalispell Public Schools			0310 0311	
Route #	Length of	of Route	(miles per day)	Type of	Type of Service ☐ Bus Route Mi			Rated Capacity	
13	41.9			Bus Route Mileage		□ Non Bus Mile age	age	71	
Vehicle I.D. #	Lic	cense #						ntractor Owned	
5791	KI	IDS			ct - If so, Na cted rate pe	Berry Trans	portation & Leasing		
Reimbursement Distribution- Er	ter the le	gal entity		of state/cou		rsement to be p	aid to each dis	strict. Note: Percentages	
Legal Entity	Le	egal Entity		Legal Er			Legal Entit	у	
0311									
% 100.00		%		%			%		
PASSENGER INFORMATION								_	
Number of Preschool/Kindergarten pupili		5	ELEMENTARY RIDER (Grades PK-8)	RS	HIGH SCHOOL RIE (Grades 9-12)			TOTAL ELIGIBLE RIDERS	
						b NUMBER	-		
Regular (include eligible Preschool/k	Regular (include eligible Preschool/Kindergarten		NOWBER	NOMBER			a + b		
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related Service									
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement)									
(Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
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I certify that this application for rous operates on the route as ap									
Signature - Chair, Board of Trustees							Date		
County 1 This Application for Registration area assigned to it by the County	of Schoo	ol Bus and							
Signature - Chair, County Transportation Committee Date									



This form is required in accordance receives state reimbursement even						one form for e	ach bus route that	
Due Dates: All Routes			County ctober 1	•	To OPI October 15		Rate Per Mile \$1.57	
County Name		County Number	Di	istrict Name			Legal Entity Number	
Flathead		15		alispell Publi			0310 0311	
Route #	ength of Ro	ute (miles per day)	Ту	ype of Service	□ Bus Route Mil□ Non Bus Milea		Rated Capacity	
	26			us Route Mil	eage	J	72	
Vehicle I.D. # License # 9883 1484		#	□ C	District Owned Contract - If so, N Contracted rate p	Name of Owner	Contractor (Kiddie Coad		
Reimbursement Distribution- Enter	the legal er		ge of sta		oursement to be pa	aid to each dis	strict. Note: Percentages	
Legal Entity 0310	Legal E			egal Entity			tity	
% 50.00	%	50.00		%	%			
PASSENGER INFORMATION		ELEMENTARY RI)EDC		IICH CCHOOL DII	DEDE	TOTAL	
Number of Preschool/Kindergarten pupils riding this route		(Grades PK-8			HIGH SCHOOL RIDERS (Grades 9-12)		ELIGIBLE RIDERS	
		a NUMBER			b NUMBER		c a+b	
Regular (include eligible Preschool/Kind riders)	lergarten	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		NONDER				
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related Ser	rvice							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., und miles OR nonresident and no attendanc agreement)	e							
(Include ineligible Preschool/Kindergarte Nonpublic School Riders (ineligible)	en nders)							
TOTAL RIDERS								
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This Application for Registration of	School Bus							
area assigned to it by the County T Signature - Chair, County Transportation		on Committee.				Date		



1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement e	· ·	, ,		R			
Due Date All Routes		To Co Octob	ounty Supt per 1	To OPI October 15	;	\$1.57	
County Name		County Number	District	Name		Legal Entity Number	
Flathead		15	Kalisp	ell Public Schools		0310 0311	
Route #	Length of Route			Service Bus Route Mi		Rated Capacity	
17	31.2		Rue R	□ Non Bus Mile oute Mileage	age	72	
Vehicle I.D. #	License #		-	<u> </u>	Contractor C		
6511	17			ct - If so, Name of Owner cted rate per mile	Joy Baddaut	<u> </u>	
Reimbursement Distribution- Er	nter the legal entity		of state/co tch budget		aid to each dis	trict. Note: Percentages	
Legal Entity 0311	Legal Entit		Legal E		Legal Entity	/	
% 100.00	%		%		%		
PASSENGER INFORMATION		EL EMENTA DV DIDE	20	HIGH SCHOOL RI	DEDO	TOTAL	
Number of Preschool/Kindergarten pupils riding this route		ELEMENTARY RIDEF (Grades PK-8)	15	(Grades 9-12		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a + b	
Regular (include eligible Preschool/liriders)	Kindergarten	NOMBER		NOMBER		a · b	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related Service							
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
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I certify that this application for bus operates on the route as ap	•			•	•	•	
Signature - Chair, Board of Trustees	<u> </u>				Date		
County This Application for Registration area assigned to it by the County	of School Bus an	d State Reimbursement h		accordance with Section a viewed and I certify that this			
Signature - Chair, County Transport					Date		



This form is required in accorda							ne form for ea	ach bus route that	
receives state reimbursement e	ven tnou	ign transpo	ortees of another legal e	rility may u	unze the ser\	rices.		Rate Per Mile	
Due Dates:						To OPI			
All Routes			October 1 October 1			October 15		\$0.95	
County Name			County Number	District	Name			Legal Entity Number	
Flathead			15	Kalisp	Kalispell Public Schools		0310 0311		
Route #	Length	of Route	(miles per day)	Type o		□ Bus Route Mile		Rated Capacity	
37	32.1			Bus F	Route Mile	□ Non Bus Milea aɑe	ge	11	
Vehicle I.D. #	Li	icense #		□ Distric				strict Owned	
0933	1	058			ct - If so, Na cted rate pe	me of Owner r mile			
Reimbursement Distribution- Er	nter the le	egal entity				rsement to be pa	id to each dis	trict. Note: Percentages	
Legal Entity		egal Entity		atch budge Legal E			Legal Entit	V	
0310		egai Liility		Legai L	inity		Legal Little	y	
% 100.00		%		%			%		
PASSENGER INFORMATION		П	ELEMENTARY RIDE	.DC	1 111/	GH SCHOOL RIE	VED C	TOTAL	
Number of Preschool/Kindergar	rten pupil	ls	(Grades PK-8)	:K5	HIC	(Grades 9-12)		ELIGIBLE RIDERS	
riding this route			,						
			а	b		b		С	
Regular (include eligible Preschool/I	Kindergart	ten	NUMBER		NUMBER			a + b	
riders)									
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)									
agreement)									
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		ers)							
TOTAL RIDERS									
TOTAL NIDENO									
We hereby certify that this bus w									
County Transportation Committee. We agree to supervision of this b	ous and bu	us route by t	he State Superintendent; to	make such i	eports to the S	State Superintende	nt and County S	Superintendent as are	
required; to provide a vehicle which Superintendent; and to provide a lice							lighway Patrol	and the State	
We also agree to refrain from sol We understand that violations of	liciting or c	causing othe	ers to solicit students from o	ther transpor	tation areas.		lding of state o	ad acupty roimburgament for	
this bus route.									
We agree that if this route crosse the school boards of both districts sl						e agreement betwe	en Boards, 20-	10-126(2) MCA, signed by	
We understand route changes of accordance with 20-10-132, MCA.	ccurring du	uring the sch	nool year require the filing o	f an amende	d TR-1 form a	nd approval of the	County Transpo	ortation Committee in	
I certify that this application for									
bus operates on the route as ap Signature - Chair, Board of Trustees		by and with	iiii the transportation se	vice area a	issigned by t	ne County Trans	Date Date	mmilee.	
			mmittee Approval as r						
This Application for Registration area assigned to it by the Coun				has been re	eviewed and	I certify that this	bus operates	within the transportation	
Signature - Chair, County Transport							Date		



1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.80 Legal Entity Number County Name County Number District Name Columbia Falls Pub Schls Flathead 0312 0313 Length of Route (miles per day) Type of Service □ Bus Route Mileage Route # Rated Capacity □ Non Bus Mileage 84 17 32.6 Bus Route Mileage Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 7893 5733 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0312 0313 % % % 67.00 % 33.00 PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades 9-12) **ELIGIBLE RIDERS** (Grades PK-8) riding this route С **NUMBER** NUMBER a + h Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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1 copy State Supt. 1 copy County Supt. 1 copy School District

Linda McCulloch, Superintendent

School Year 2003 - 2004 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 Legal Entity Number County Name County Number District Name Columbia Falls Pub Schls Flathead 0312 0313 Length of Route (miles per day) Type of Service □ Bus Route Mileage Route # Rated Capacity □ Non Bus Mileage 72 33.6 Bus Route Mileage Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 6993 7929 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0312 0313 % % % 67.00 % 33.00 PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades 9-12) **ELIGIBLE RIDERS** (Grades PK-8) riding this route С **NUMBER** NUMBER a + h Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.80 Legal Entity Number County Name County Number District Name Columbia Falls Pub Schls Flathead 0312 0313 Length of Route (miles per day) Type of Service □ Bus Route Mileage Route # Rated Capacity □ Non Bus Mileage 84 31.4 Bus Route Mileage Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 4201 7836 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0312 0313 % % % 67.00 % 33.00 PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades 9-12) **ELIGIBLE RIDERS** (Grades PK-8) riding this route С **NUMBER** NUMBER a + h Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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1 copy State Supt. 1 copy County Supt. 1 copy School District

Linda McCulloch, Superintendent

School Year 2003 - 2004 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.80 Legal Entity Number County Name County Number District Name Columbia Falls Pub Schls Flathead 0312 0313 Length of Route (miles per day) Type of Service □ Bus Route Mileage Route # Rated Capacity □ Non Bus Mileage 84 18 31.6 Bus Route Mileage Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 6488 1102 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0312 0313 % % % 67.00 % 33.00 PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades 9-12) **ELIGIBLE RIDERS** (Grades PK-8) riding this route С **NUMBER** NUMBER a + h Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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	Due Dates						ınty Supi	t	To OPI		Rate Per Mile
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County Name					County Number		District	Name			Legal Entity Number
Flathead					15		Colum	nbia Falls	Pub Schls		0312 0313
Route #		Lengt	th of Ro	oute (miles per day)		Type of Service ☐ Bus Route Mi ☐ Non Bus Mile			-	Rated Capacity
15		31.8					Bus R	oute Mile		aye	84
Vehicle I.D. #		-	License	e #			District		Ime of Owner	District Owr	ed
9161 7989								cted rate pe			
Reimbursement Distribution- Enter the legal e							f state/co		rsement to be pa	aid to each dis	strict. Note: Percentages
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PASSENGER INFORMATION								· · · ·	011 0 011 0 01 01	5550	
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Regular (include eligible Preschool/Kindergarten					NUMBER NUM				NUMBER		a + b
riders) 1st Wheelchair (WC))										
2nd Wheelchair (WC	()										
Additional Wheelcha	irs (WC)										
Non-WC IEP Lists T	rans as Related	Service									
TOTAL ELIGIBLE	RIDERS										
Ineligible Public Sch miles OR nonresider											
agreement) (Include ineligible Pr			ders)								
Nonpublic School Ri			20.07								
TOTAL RIDERS											
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Signature - Chair, Board of Trustees							-	- /		Date	
	County T	Franco	ortatio	n Co	mmittee Approval a	e roo	uired in	accordanc	a with Section 1	20-10-132 M/	Δ.
area assigned to i	or Registration t by the Count	of Sch ty Trans	iool Bu sportat	s and ion C	State Reimburseme						within the transportation
Signature - Chair, Co	ounty Transporta	ation Co	mmittee	•						Date	



Instruction
h, Superintendent

20-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 Legal Entity Number County Name County Number District Name Columbia Falls Pub Schls Flathead 0312 0313 Length of Route (miles per day) Type of Service □ Bus Route Mileage Route # Rated Capacity □ Non Bus Mileage 72 12 26 Bus Route Mileage Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 4417 1100 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0312 0313 % % % 67.00 % 33.00 PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades 9-12) **ELIGIBLE RIDERS** (Grades PK-8) riding this route С **NUMBER** NUMBER a + h Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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This form is required in accord receives state reimbursement Due Dat All Route	even thoug		ortees of another legal To		ilize the services.		I	ach bus route that Rate Per Mile \$1.80	
All Route	28		Oct	lober i	Octo	ibei 15		⊅1.6 U	
County Name			County Number	District	Name			Legal Entity Number	
Flathead			15	Colun	nbia Falls Pub	Schls		0312 0313	
Route #	Length	of Route	ute (miles per day) Type of Service □ Bus Route				•	Rated Capacity	
9	30			Bus R	□ Nor Coute Mileage	n Bus Mileag	е	84	
Vehicle I.D. #	Lie	cense #		□ District	Owned		strict Own	ed	
4200	83	32			ct - If so, Name of cted rate per mile	Owner			
Reimbursement Distribution-	Enter the le	egal entity		ge of state/co	unty reimburseme	ent to be paid	d to each dis	trict. Note: Percentages	
Legal Entity	Le	egal Entity		match budget Legal E			Legal Entity	<i>y</i>	
0312			313	ŭ	,				
% 67.00		% 33.	00	%			%		
PASSENGER INFORMATION	1	/0 33.	00	70			/0		
Number of Preschool/Kinderg- riding this route		s	ELEMENTARY RID (Grades PK-8)			CHOOL RIDE ades 9-12)	ERS	TOTAL ELIGIBLE RIDERS	
			a		р			C .	
Regular (include eligible Preschoo	en	NUMBER NUME					a + b		
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Relate	ed Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e miles OR nonresident and no atter									
agreement) (Include ineligible Preschool/Kinde		ure)							
Nonpublic School Riders (ineligible	e)	13)							
TOTAL RIDERS									
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bus operates on the route as a	approved b					ounty Transp	ortation Con		
Signature - Chair, Board of Truste	es						Date		
This Application for Registrationarea assigned to it by the Cou	on of Schoo Inty Transp	ol Bus and ortation C							
Signature - Chair, County Transpo	ortation Com	mittee					Date		



1 copy State Supt. 1 copy County Supt. 1 copy School District

Linda McCulloch, Superintendent

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** All Routes October 1 October 15 \$1.80 County Name County Number District Name Legal Entity Number Columbia Falls Pub Schls Flathead 0312 0313 Type of Service □ Bus Route Mileage Route # Length of Route (miles per day) Rated Capacity □ Non Bus Mileage 24 28.9 Bus Route Mileage Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 1402 9349 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0312 0313 % % % 67.00 % 33.00 PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С **NUMBER** NUMBER a + h Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by

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County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee	Date



This form is require	ed in accordan	ce with Title	e 20. C	Chapter 10, Part 1, MCA	. School	l dist	rict official n	nust complete	one form for e	ach bus route that	
				ortees of another legal e						Rate Per Mile	
	Due Dates: All Routes	:			ounty Sober 1	upt		To OPI October 15		\$1.80	
County Name				County Number	Distr	rict N	lame			Legal Entity Number	
Flathead				15	Col	uml	bia Falls F	Pub Schls		0312 0313	
Route #		Length of F	Route	(miles per day)	Type of Service ☐ Bus Route N☐ Non Bus Mil				J	Rated Capacity	
21		35.2			Bus Route Mileage				age	84	
Vehicle I.D. #		se#		□ Dist				District Owr	ned		
3959						t - If so, Nan ted rate per	ne of Owner mile				
Reimbursement Di	stribution- Ente	er the legal	entity				nty reimburs	sement to be pa	aid to each di	strict. Note: Percentages	
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0312				313							
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PASSENGER INFORMATION											
Number of Preschool/Kindergarten pupils riding this route				ELEMENTARY RIDE (Grades PK-8)	ERS		HIG	H SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
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riders) 1st Wheelchair (WC)											
2nd Wheelchair (WC))										
Additional Wheelchair	rs (WC)										
Non-WC IEP Lists Tra	ans as Related S	Service									
TOTAL ELIGIBLE	RIDERS										
Ineligible Public Scho											
agreement) (Include ineligible Pre											
Nonpublic School Rid	ders (ineligible)										
TOTAL RIDERS											
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Thin Application for				mmittee Approval as							
area assigned to it	by the County	Transporta	tion C		nas beer	n rev	riewed and I	certify that this		s within the transportation	
Signature - Chair, County Transportation Committee									Date		



1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.80 Legal Entity Number County Name County Number District Name Columbia Falls Pub Schls Flathead 0312 0313 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 22 84 35.4 Bus Route Mileage Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 1492 1361 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0312 0313 % % % 67.00 % 33.00 PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades 9-12) **ELIGIBLE RIDERS** (Grades PK-8) riding this route С **NUMBER** NUMBER a + h Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee Signature - Chair, Board of Trustees Date County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.80 Legal Entity Number County Name County Number District Name Columbia Falls Pub Schls Flathead 0312 0313 Length of Route (miles per day) Type of Service □ Bus Route Mileage Route # Rated Capacity □ Non Bus Mileage 84 11 48 Bus Route Mileage Vehicle I.D. # License # District Owned □ District Owned □ Contract - If so, Name of Owner 7907 0408 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0312 0313 % % % 67.00 % 33.00 PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades 9-12) **ELIGIBLE RIDERS** (Grades PK-8) riding this route С **NUMBER** NUMBER a + h Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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This form is required in accordant receives state reimbursement ev										
Due Dates All Routes	:			ounty Subber 1	ıpt	To OPI October 15		Rate Per Mile \$1.80		
County Name			County Number	Distri	ct Name			Legal Entity Number		
Flathead			15	Colu	ımbia Falls	Pub Schls		0312 0313		
Route #	Length of	Route	(miles per day)	Туре		☐ Bus Route Mile☐ Non Bus Miles	•	Rated Capacity		
6	48.9			Bus Route Mileage 84						
Vehicle I.D. #		nse#		 □ District Owned □ Contract - If so, Name of Owner 						
5989 1101				Contract - it so, Name of Owner Contracted rate per mile						
Reimbursement Distribution- Ent		e of state/eatch budg		ursement to be pa	id to each dis	strict. Note: Percentages				
Legal Entity 0312	/ 313		Entity		Legal Entit	у				
0312										
			00	%			%			
PASSENGER INFORMATION			ELEMENTARY RIDE	EDQ.	l ui	IGH SCHOOL RII)EDS	TOTAL		
Number of Preschool/Kindergarte riding this route	en pupils		(Grades PK-8)	-KS		(Grades 9-12)		ELIGIBLE RIDERS		
	a NUMBER				b NUMBER					
Regular (include eligible Preschool/Ki	NOMBLIX			NOMBER		a + b				
1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related S	Service									
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement)										
(Include ineligible Preschool/Kinderga Nonpublic School Riders (ineligible)	arten riders)	+								
TOTAL RIDERS										
We hereby certify that this bus will	Longrato ont	tirely on	the route established by th	o Roard of	Trustoes and w	ithin the transportati	on area assign	and approved by the		
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I certify that this application for rebus operates on the route as app										
Signature - Chair, Board of Trustees	p		<u> </u>	.,	Date					
This Application for Registration	of School I	Bus and								
area assigned to it by the County Signature - Chair, County Transportar			ommittee.				Date			



This form is required in accorda receives state reimbursement e							one form for e	ach bus route that		
	· ·	ansportees of anothe	Ū	, ,				Rate Per Mile		
Due Dates All Routes			Octobe	unty Supt er 1	i	To OPI October 15		\$1.80		
County Name		County Number	er	District	Name			Legal Entity Number		
Flathead		15		Colum	nbia Falls	Pub Schls		0312 0313		
Route #	Length of R	oute (miles per day)		Type of		☐ Bus Route Mi		Rated Capacity		
10	52.2			Bus R	oute Mile	□ Non Bus Mileage ileage 84				
Vehicle I.D. #	Licens	e #	- District Owned					ed		
3960	587				ct - If so, N cted rate p					
Reimbursement Distribution- Er	nter the legal e	entity number and pe	ntity number and percentage of state/county reimbursement to be paid to each district. Note							
Legal Entity	Legal	Entity	must mate	Legal E			Legal Entit	у		
0312	0313									
% 67.00	33.00		%			%				
PASSENGER INFORMATION	%	33.00		/0			70			
Number of Preschool/Kindergar	ten nunils	ELEMENTAF (Grades		S	HI	IGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
riding this route		(0.000	, , , , , ,			(014400012	-,	ELIGIBLE HIBERTO		
		a	b				С			
Regular (include eligible Preschool/h		NUMBER				NUMBER		a + b		
riders) 1st Wheelchair (WC)	-									
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related	Service									
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e.,	under 3									
miles OR nonresident and no attend agreement)	ance									
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	garten riders)									
TOTAL RIDERS										
TOTAL RUDLING										
We hereby certify that this bus wi County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which	We further certifus and bus rout meets the minir	y that this bus transport e by the State Superint num standards as estab	s pupils eligendent; to molished by the	ible for sch ake such r e Board of	nool transport eports to the Public Educa	tation as defined by State Superintende ation, the Montana	/ 20-10-101, MC ent and County S	A. Superintendent as are		
Superintendent; and to provide a lice We also agree to refrain from sol We understand that violations of this bus route.	iciting or causin	g others to solicit studer	nts from othe	er transport	tation areas.	•	olding of state a	nd county reimbursement for		
We agree that if this route crosse the school boards of both districts st We understand route changes or	nall be attached	to the county superinter	ndent's copy	of this do	cument.	· ·	,	() , , ,		
accordance with 20-10-132, MCA. I certify that this application for i	•					•	•	•		
bus operates on the route as ap Signature - Chair, Board of Trustees		d within the transport	ation servi	ce area a	ssigned by	the County Tran	sportation Cor	nmittee.		
, ,										
County 1 This Application for Registration area assigned to it by the County	of School Bu									
Signature - Chair, County Transport							Date			



1 copy State Supt. 1 copy County Supt. 1 copy School District Rate Per Mile \$1.80 Legal Entity Number 0312 0313 Rated Capacity 84

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. **Due Dates: To County Supt** October 15 All Routes October 1 County Name County Number District Name Columbia Falls Pub Schls Flathead Length of Route (miles per day) Type of Service □ Bus Route Mileage Route # □ Non Bus Mileage 30 52 Bus Route Mileage Vehicle I.D. # License # District Owned □ District Owned □ Contract - If so, Name of Owner 1427 1151 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0312 0313 % % % 67.00 % 33.00 PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades 9-12) **ELIGIBLE RIDERS** (Grades PK-8) riding this route С **NUMBER** NUMBER a + h Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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This form is required in accorda receives state reimbursement e											
Due Date : All Routes				To (Octo		i nty Supt r 1	:	To OPI October 15		Rate Per Mile \$1.80	
County Name				County Number		District	Name			Legal Entity Number	
Flathead				15		Colum	nbia Falls	Pub Schls		0312 0313	
Route #	Leng	th of Ro	oute (miles per day)		Type of		☐ Bus Route Mil☐ Non Bus Miles	•	Rated Capacity	
29	52				Bus Route Mileage 84						
Vehicle I.D. #					 □ District Owned □ Contract - If so, Name of Owner □ Contracted rate per mile 						
Reimbursement Distribution- Enter the legal entity number and					je o	f state/co	unty reimbi		aid to each dis	strict. Note: Percentages	
Legal Entity Legal Entity 0312 0313				nato	Legal E			Legal Entit	y		
% 67.00 % 3			33 (20		%			%		
M 67.00 M 33.00 PASSENGER INFORMATION				<u> </u>	ď	70			70		
Number of Preschool/Kindergarten pupils riding this route				ELEMENTARY RIDI (Grades PK-8)	ERS	S	HI	IGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
				a NUMBER				b NUMBER	с a + b		
Regular (include eligible Preschool/Kindergarten riders)								NOMBLIC		u · b	
1st Wheelchair (WC)											
2nd Wheelchair (WC)											
Additional Wheelchairs (WC)											
Non-WC IEP Lists Trans as Related	Service	е									
TOTAL ELIGIBLE RIDERS											
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)		3									
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		iders)									
TOTAL RIDERS											
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I certify that this application for the bus operates on the route as application for the same of the s											
Signature - Chair, Board of Trustees	are adireportunoil of	J. 71	a.ou a	- 5.g.100 by	County Hall	Date					
County Transportation Committee Approval as required in This Application for Registration of School Bus and State Reimbursement has been area assigned to it by the County Transportation Committee.											
Signature - Chair, County Transport		omminuo.					Date				



											
					hapter 10, Part 1, MC ortees of another legal					one form for e	
	Due Dates						nty Supt	:	To OPI		Rate Per Mile
	All Routes				Oc	tobe	r 1		October 15		\$1.80
County Name					County Number		District	Name			Legal Entity Number
Flathead					15		Colum	nbia Falls	Pub Schls		0312 0313
Route #		Lengt	h of Ro	oute (miles per day)		Type of Service ☐ Bus Route Mi			-	Rated Capacity
28		61					Bus R	oute Mile	□ Non Bus Mile age	age	84
Vehicle I.D. #		I	Licens	se# 🗆 🗆			District		ned		
7157 1215								ct - if so, iva	ame of Owner r mile		
Reimbursement Distribution- Enter the legal e									rsement to be p	aid to each dis	strict. Note: Percentages
Legal Entity Legal E					,	matc	h budget Legal E			Legal Enti	ty
0312				03	113						
% 67.00 %				33.0	00		%			%	
PASSENGER INFORMATION											_
Number of Preschool/Kindergarten pupils					ELEMENTARY RID (Grades PK-8)		5	HI	GH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
riding this route											
				a NUMBER				b NUMBER			c a + b
Regular (include elig	jible Preschool/K	irten	NOWBER				NOMBER		a · b		
1st Wheelchair (WC))										
2nd Wheelchair (WC	()										
Additional Wheelcha	irs (WC)										
Non-WC IEP Lists T	rans as Related	Service									
TOTAL ELIGIBLE	RIDERS										
Ineligible Public Sch											
miles OR nonresider agreement)			1								
(Include ineligible Pr Nonpublic School Ri		arten ric	iers)								
TOTAL RIDERS											
We hereby certify	that this hus wil	II operati	a entire	ly on t	he route established by t	the Br	nard of Tru	istees and wi	thin the transportat	tion area assign	ed and approved by the
County Transportation	on Committee. V	Ne furth	er certif	y that	this bus transports pupils ne State Superintendent;	s eligi	ble for sch	ool transport	ation as defined by	20-10-101, MC	A.
required; to provide	a vehicle which r	meets th	ne minin	num st	tandards as established I	by the	Board of	Public Educa	tion, the Montana		
We also agree to	refrain from solid	citing or	causing	g othe	rs to solicit students from	n othe	r transpor	ation areas.	•	olding of state a	and county reimbursement for
this bus route.										· ·	10-126(2) MCA, signed by
the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in											
accordance with 20-		egistrat	tion of	scho	ol bus and state reimb	ourse	ment is t	rue and con	nplete to the bes	t of my knowle	edge and belief, and the
bus operates on the	he route as ap	proved			in the transportation s					sportation Co	
Signature - Chair, Board of Trustees										Date	
Thin Application for					mmittee Approval as						
area assigned to i	t by the County	y Trans	sportat	ion C		น กล	s been re	viewed and	r ceruly that this		s within the transportation
Signature - Chair, County Transportation Committee										Date	



This form is required in a	ccordance wi	ith Title 2	0, Chapter 10, Part 1	1, MCA.	School dis	strict officia	I must complete	one form for ea	ach bus route that
receives state reimburser	ment even the	ough trai	nsportees of another	legal ent	tity may ut	ilize the se	rvices.		Rate Per Mile
	Dates:			To Co	unty Supt er 1	t	To OPI October 15		\$1.57
Occupto Name			O sure to November		District	N			Land Fatth Novelan
County Name			County Number	r	District				Legal Entity Number
Flathead	11		15				Pub Schls	,	0312 0313
Route #	Leng	gtn of Ro	ute (miles per day)		Type of	Service	eage age	Rated Capacity	
25			Bus R	oute Mile	ŭ	78			
Vehicle I.D. #	#		□ District□ Contra		[ame of Owner	District Own	ed		
6756		1 '		cted rate pe					
Reimbursement Distributi	ion- Enter the	e legal er					ursement to be p	aid to each dis	trict. Note: Percentages
Legal Entity		Legal E		nust mat	ch budget Legal E			Legal Entit	у
			0313			•			
0/ 07 00					21			0/	
% 67.00 PASSENGER INFORMA	TION	%	33.00		%			%	
			ELEMENTAR		RS	Н	IGH SCHOOL RI		TOTAL
Number of Preschool/Kin- riding this route	dergarten pu	ipils	(Grades I	PK-8)			(Grades 9-12)	ELIGIBLE RIDERS
			а				b		C
			NUMB	ER			NUMBER		a + b
Regular (include eligible Pres riders)	school/Kinderg	arten							
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC))								
Non-WC IEP Lists Trans as F	Related Service	е							
TOTAL ELIGIBLE RIDER	RS								
Ineligible Public School Rider		3							
miles OR nonresident and no agreement)									
(Include ineligible Preschool/ Nonpublic School Riders (ine		riders)							
TOTAL RIDERS									
We hereby certify that this County Transportation Comn									
We agree to supervision or required; to provide a vehicle	of this bus and	bus route	by the State Superinter	ndent; to n	nake such r	eports to the	State Superintende	ent and County S	Superintendent as are
Superintendent; and to provide We also agree to refrain fi	de a licensed, o	qualified a	nd approved driver to o	perate suc	ch vehicle a	s required by		ingilway i alioi c	and the state
We understand that violat							ent cause for withh	olding of state ar	nd county reimbursement for
							ne agreement betw	een Boards, 20-	10-126(2) MCA, signed by
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I certify that this application		ation of s	chool bus and state	reimburs	ement is t	rue and cor	mplete to the bes	t of my knowle	edge and belief, and the
bus operates on the route as approved by and within the transportation service area Signature - Chair, Board of Trustees									
Signature - Chair, Board of I							Dale		
			Committee Approv						
This Application for Regis area assigned to it by the				ement ha	as been re	eviewed and	d I certify that this	bus operates	within the transportation
Signature - Chair, County Tra								Date	



				napter 10, Part 1, MCA					one form for e	ach bus route that	
receives state rein		n though tra	anspor	rtees of another legal of	,					Rate Per Mile	
	Due Dates: All Routes				ober	nty Supt		To OPI October 15		\$1.80	
County Name				County Number		District	Name			Legal Entity Number	
Flathead				15				Pub Schls		0312 0313	
Route #	Le	ength of Ro	oute (r	niles per day)		Type of		☐ Bus Route Mi☐ Non Bus Mile	5 -	Rated Capacity	
14	5	8 License				Bus R	oute Mile	age		84	
Vehicle I.D. #			District		[ame of Owner	District Owr	ned				
7156				cted rate pe							
Reimbursement D	istribution- Enter	the legal e	entity n			state/co		rsement to be p	aid to each di	strict. Note: Percentages	
Legal Entity			Legal E			Legal Enti	ty				
0312				13							
% 67.00				00		%			%		
PASSENGER INF	ORMATION			E. EMENTA DV DIS				011 0011001 01	2500		
Number of Preschool/Kindergarten pupils riding this route				ELEMENTARY RIDI (Grades PK-8)	ERS		HI	GH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
				a NUMBED				р		С	
Regular (include elig	ible Preschool/Kind		NUMBER	UMBER NU			NUMBER		a + b		
riders) 1st Wheelchair (WC))										
2nd Wheelchair (WC	·)										
Additional Wheelcha	irs (WC)										
Non-WC IEP Lists Tr	ans as Related Ser	rvice									
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agreement) (Include ineligible Pro											
Nonpublic School Ric		,									
TOTAL RIDERS											
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement of this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.										A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by ortation Committee in	
				ol bus and state reimbun the transportation se						edge and belief, and the mmittee.	
Signature - Chair, Board of Trustees								Í	Date		
	County Trai	n Con	nmittee Approval as	ired in	accordanc	e with Section 2	 20-10-132, MC	CA.			
This Application for area assigned to it	or Registration of	School Bu	s and	State Reimbursement						s within the transportation	
Signature - Chair, Co									Date		



1 copy State Supt. 1 copy County Supt. 1 copy School District

Linda McCulloch, Superintendent

School Year 2003 - 2004 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.36 Legal Entity Number County Name County Number District Name Columbia Falls Pub Schls Flathead 0312 0313 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 64 26 sp. Ed 148 Bus Route Mileage Vehicle I.D. # License # District Owned □ District Owned □ Contract - If so, Name of Owner 1403 9348 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0312 0313 % % % 67.00 % 33.00 PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С **NUMBER** NUMBER a + h Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee Signature - Chair, Board of Trustees Date County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.80 Legal Entity Number County Name County Number District Name Columbia Falls Pub Schls Flathead 0312 0313 Length of Route (miles per day) Type of Service □ Bus Route Mileage Route # Rated Capacity □ Non Bus Mileage 84 13 23.6 Bus Route Mileage Vehicle I.D. # License # District Owned □ District Owned □ Contract - If so, Name of Owner 1059 0598 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0312 0313 % % % 67.00 % 33.00 PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades 9-12) **ELIGIBLE RIDERS** (Grades PK-8) riding this route С **NUMBER** NUMBER a + h Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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This form is required in a	accordance with	h Title 20, (Chapter 10, Part 1, MCA	A. School di	strict official mus	st complete o	ne form for ea	ch bus route that
receives state reimburse	ement even tho	ugh transp	ortees of another legal e	entity may u	tilize the service	S.	F	Rate Per Mile
	ie Dates: Routes			County Sup ober 1		OPI ctober 15	Ş	\$1.57
County Name			County Number	District	Name			Legal Entity Number
Flathead Route #	Lengt	h of Route	miles per day)		nbia Falls Pu f Service □ B			0312 0313 Rated Capacity
			(Illies per day)	Type o	□ N	ge	, ,	
8	19.4			Bus Route Mileage				78
Vehicle I.D. #		License #		☐ Distric	t Owned ict - If so. Name		istrict Owne	ed
6755	7	7901			cted rate per mi			
Reimbursement Distribu	tion- Enter the	legal entity				ment to be pa	id to each dist	trict. Note: Percentages
Legal Entity		Legal Entit		natch budge Legal E			Legal Entity	/
0312			313		•			
0/ 07 00								
% 67.00 PASSENGER INFORMA	ATION	% 33	.00	%			%	
PASSENGER INFORMA	ATION	T	ELEMENTARY RIDE	ERS	HIGH	SCHOOL RID	ERS	TOTAL
Number of Preschool/Kii riding this route	ndergarten pup	oils	(Grades PK-8)		(Grades 9-12)		ELIGIBLE RIDERS
lg t route								
			a NUMBER			b NUMBER		c a + b
Regular (include eligible Pre	eschool/Kinderga	rten						
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC	C)							
Non-WC IEP Lists Trans as	Related Service							
TOTAL ELIGIBLE RIDE	RS							
Ineligible Public School Ride								
miles OR nonresident and r agreement)	no attendance							
(Include ineligible Preschoo Nonpublic School Riders (in		ders)						
	iongibio)							
TOTAL RIDERS								
County Transportation Com	mittee. We furthe	er certify tha	the route established by the this bus transports pupils the State Superintendent; to	eligible for scl	nool transportation	as defined by	20-10-101, MCA	۸.
required; to provide a vehicl Superintendent; and to prov	le which meets th	e minimum :	standards as established by	the Board of	Public Education,	the Montana H	,	•
We also agree to refrain	from soliciting or	causing oth	ers to solicit students from o	other transpor	tation areas.			d
this bus route.				•			_	d county reimbursement for
the school boards of both di	istricts shall be at	tached to the		opy of this do	cument.			.,
We understand route cha accordance with 20-10-132,		during the so	chool year require the filing of	of an amende	d TR-1 form and a	approval of the (County Transpo	rtation Committee in
I certify that this applicat	tion for registrat							
bus operates on the rout Signature - Chair, Board of	nin the transportation se	ervice area a	issigned by the	County Trans	portation Con Date	imittee.		
•								
			ommittee Approval as					
This Application for Regi area assigned to it by the				nas been re	eviewed and I ce	ertity that this	bus operates	within the transportation
Signature - Chair, County T							Date	



receives state reimbursement e	ven tho		oortees of another leg	gal entity	may utilize the s		ach bus route that Rate Per Mile			
Due Date s All Routes				To Count October 1	•	To OPI October 15		\$1.57		
County Name			County Number	[District Name			Legal Entity Number		
Flathead			15	(Creston Elem	entary		0316		
Route #	Lengt	th of Route	(miles per day)		Type of Service			Rated Capacity		
01	56				Bus Route Mi	age	72			
Vehicle I.D. #		License #			District Owned		District Own	ed		
0255	910		□ Contract - If so, Name of Owner □ Contracted rate per mile							
Reimbursement Distribution- Er	nter the	legal entity				bursement to be p	aid to each dis	trict. Note: Percentages		
Legal Entity		Legal Enti		ist match	_egal Entity		Legal Entit	у		
0316										
% 100.00	% 100.00 %				%		%			
PASSENGER INFORMATION			EL EMENTA DV.	DIDEDO		HOLL COLLOOL DI	DEDC	TOTAL		
Number of Preschool/Kindergarten pupils riding this route			ELEMENTARY F (Grades PK		ľ	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
				₹		b NUMBER		c a+b		
Regular (include eligible Preschool/Kindergarten riders)										
1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related	Service	!								
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderc	lance									
Nonpublic School Riders (ineligible)	gartorrite	4010)								
TOTAL RIDERS										
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Signature - Chair, Board of Trustees	3						Date			
County 1	Franso	ortation C	ommittee Approval	l as requi	ired in accordar	nce with Section 5	 20-10-132. MC	SA .		
This Application for Registration area assigned to it by the Count	of Sch	nool Bus ar	nd State Reimbursem							
Signature - Chair, County Transporta	,						Date			



1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

receives state reimbursement e	ven though tra	nsportees of another legal e	entity may ut	ilize the services		Data Dan Mila	
Due Dates All Routes			County Supt ober 1		OPI ober 15		Rate Per Mile 61.36
County Name		County Number	District	Name			Legal Entity Number
Flathead		15	Cayus	se Prairie Eler	mentary		0317
Route #	Length of Ro	ute (miles per day)		Service 🗆 Bu	s Route Mile		Rated Capacity
1	31.2		Bus R	□ No oute Mileage	on Bus Milea		65
Vehicle I.D. #	License	#	□ District	Owned	C	ontractor O	
6299	2760			ct - If so, Name o		liles of Smi	les Inc —
Reimbursement Distribution- Er	iter the legal er				ent to be pa	id to each dist	rict. Note: Percentages
Legal Entity	Legal E		atch budget Legal E			Legal Entity	1
0317							
% 100.00	%		%			%	
PASSENGER INFORMATION							
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY RIDE (Grades PK-8)	ERS		CHOOL RID Grades 9-12)	ERS	TOTAL ELIGIBLE RIDERS
	a NUMBER			b NUMBER		c a+b	
Regular (include eligible Preschool/kriders)	Kindergarten						
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderc	ance						
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
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County 1		n Committee Approval as	required in	accordance with	h Section 20	0-10-132 MC	Δ
This Application for Registration area assigned to it by the Count	of School Bus	and State Reimbursement					
Signature - Chair, County Transporta	, ,					Date	



This form is required in accorda receives state reimbursement e					one form for ea	ich bus route that
receives state reimbursement e	ven mougn na	risportees of another legal e	mily may ut	ilize the services.	ŀ	Rate Per Mile
Due Date s All Routes			ounty Supt ber 1	t To OPI October 15	;	\$1.57
County Name		County Number	District	Name		Legal Entity Number
Flathead		15	Cayus	se Prairie Elementary		0317
Route #	Length of Ro	ute (miles per day)		Service Bus Route M		Rated Capacity
3	33.2		Bus R	□ Non Bus Mile coute Mileage	eage	72
Vehicle I.D. #	License	#	□ District	<u> </u>	Contractor C	
0145	2759			ct - If so, Name of Owner cted rate per mile	Miles of Smi	les Inc
Reimbursement Distribution- Er	iter the legal er				aid to each dis	trict. Note: Percentages
Legal Entity	Legal E		atch budget Legal E		Legal Entity	/
0317		,		•		
% 100.00 PASSENGER INFORMATION	%		%		%	
PASSENGER INFORMATION		ELEMENTARY RIDE	RS	HIGH SCHOOL R	IDERS	TOTAL
Number of Preschool/Kindergar riding this route	ten pupils	(Grades PK-8)		(Grades 9-12	2)	ELIGIBLE RIDERS
		а		b		C
Regular (include eligible Preschool/kriders)	Kindergarten	NUMBER		NUMBER		a + b
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	garten riders)					
TOTAL RIDERS						
We hereby certify that this bus wi County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which	We further certify us and bus route	that this bus transports pupils e by the State Superintendent; to	eligible for sch make such r	nool transportation as defined by eports to the State Superintend	y 20-10-101, MCA ent and County S	A. uperintendent as are
Superintendent; and to provide a lice We also agree to refrain from sol We understand that violations of	ensed, qualified a iciting or causing	and approved driver to operate so others to solicit students from o	uch vehicle a ther transport	s required by 20-10-103, MCA. tation areas.	· ·	
this bus route. We agree that if this route crosse the school boards of both districts sh	nall be attached t	o the county superintendent's co	ppy of this dod	cument.		
We understand route changes or accordance with 20-10-132, MCA.						
I certify that this application for rous operates on the route as ap						
Signature - Chair, Board of Trustees					Date	
This Application for Registration	of School Bus					
area assigned to it by the Count Signature - Chair, County Transporta		on Committee.			Date	



1 copy State Supt. 1 copy County Supt. 1 copy School District

Linda McCulloch, Superintendent

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name Legal Entity Number County Number District Name Flathead Cayuse Prairie Elementary 0317 Length of Route (miles per day) Type of Service □ Bus Route Mileage Route # Rated Capacity □ Non Bus Mileage 71 16.2 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Miles of Smiles Inc 2761 2381 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0317 100.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils **ELIGIBLE RIDERS** (Grades PK-8) (Grades 9-12) riding this route h С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



1 copy State Supt. 1 copy County Supt. 1 copy School District

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receives state reimbursement e						ompioto oi		on buo route that	
Due Dates	s:		To Co	unty Supt	To OF	PI	ŀ	Rate Per Mile	
All Routes			Octob	er 1	Octob	oer 15	5	\$1.57	
County Name			County Number	District Nan	ne			Legal Entity Number	
Flathead			15		rairie Eleme			0317	
Route #	Length	of Route	(miles per day)	Type of Ser	vice 🗆 Bus			Rated Capacity	
2a	22			Bus Rout	e Mileage	Bus Mileaç		71	
Vehicle I.D. #	Li	icense #		☐ District Owned ☐ Contractor Owned ☐ Contract - If so, Name of Owner Miles of Smiles Inc					
2381	2	761			f so, Name of or rate per mile _	Owner M	iles of Smi	les inc —	
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be must match budget!						nt to be pai	d to each dist	trict. Note: Percentages	
Legal Entity	L	egal Entity		Legal Entity			Legal Entity	1	
0317	0317								
% 100.00 %				%			%		
PASSENGER INFORMATION								_	
Number of Preschool/Kindergar riding this route	ten pupil	ls	ELEMENTARY RIDER (Grades PK-8)	RS		HOOL RID ades 9-12)	ERS	TOTAL ELIGIBLE RIDERS	
		a		NII.	b UMBER		С		
NUMBE Regular (include eligible Preschool/Kindergarten					INC	OWIDER		a + b	
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	jarten ride	ers)							
TOTAL RIDERS									
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I certify that this application for r bus operates on the route as ap									
Signature - Chair, Board of Trustees		<u> </u>					Date		
County T This Application for Registration area assigned to it by the Count	of Scho	ol Bus and							
Signature - Chair, County Transporta							Date		



1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.80 County Name Legal Entity Number County Number District Name Flathead Somers Elementary 0327 Length of Route (miles per day) Type of Service □ Bus Route Mileage Route # Rated Capacity □ Non Bus Mileage 21 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned □ Contract - If so, Name of Owner Treasure State Transit 7273 5931 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0327 100.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils **ELIGIBLE RIDERS** (Grades PK-8) (Grades 9-12) riding this route h С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20. Chapter 10. Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement e							5110 101111 101 0	D / D A	
Due Dates	s:		To Co	ounty Supt		To OPI		Rate Per Mile	
All Routes	i		Octob	per 1		October 15		\$1.80	
County Name			County Number	District	Name			Legal Entity Number	
Flathead			15		rs Eleme			0327	
Route #	Length of	Route	(miles per day)	Type of	Type of Service ☐ Bus Route Mi			Rated Capacity	
11	28.6			Bus R	oute Mile	□ Non Bus Milea eage	age	84	
Vehicle I.D. #	Lice	nse #		□ District Owned Contractor Owned					
7275	592	29			ct - If so, Na cted rate pe	ame of Owner Ter mile	Freasure St	ate Transit	
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement must match budget!						ursement to be pa	aid to each dis	strict. Note: Percentages	
Legal Entity	Leg	al Entit		Legal E			Legal Entit	:y	
0327									
% 100.00 %				%			%		
PASSENGER INFORMATION			ELEMENTA DV DIDE	20		011 0011001 DI	DEDO	TOTAL	
Number of Preschool/Kindergar	ten pupils		ELEMENTARY RIDEI (Grades PK-8)	RS	HI	GH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
riding this route									
	а			b NUMBER		C			
Regular (include eligible Preschool/h	NUMBER			NUMBER		a + b			
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend									
agreement)									
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	jarten riders)	1							
TOTAL RIDERS									
We hereby certify that this bus wi									
We agree to supervision of this b required; to provide a vehicle which	meets the m	inimum :	standards as established by t	he Board of	Public Educa	ation, the Montana			
Superintendent; and to provide a lice We also agree to refrain from sol	iciting or cau	sing oth	ers to solicit students from ot	her transport	ation areas.				
We understand that violations of this bus route.				•			· ·	•	
We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.									
We understand route changes of accordance with 20-10-132, MCA.	curring during	ng the so	shool year require the filing of	an amended	I TR-1 form a	and approval of the	County Transpo	ortation Committee in	
I certify that this application for rubus operates on the route as ap									
Signature - Chair, Board of Trustees	;		·			•	Date		
County 1	Fransporta	tion Co	ommittee Approval as re	equired in	accordanc	e with Section 2	 20-10-132. MC	 CA.	
This Application for Registration area assigned to it by the Count	of School	Bus an	d State Reimbursement h						
Signature - Chair, County Transports							Date		



This form is required in accordan receives state reimbursement even								
Due Dates: All Routes	:		To Cou October	nty Supt	To OPI October 15		Rate Per Mile \$1.80	
County Name		County Number		District	Name		Legal Entity Number	
Flathead		15		Some	rs Elementary		0327	
Route #	Length of R	oute (miles per day)		Type of	Service Bus Route Mi Non Bus Mile		Rated Capacity	
	29.6			Bus R	oute Mileage	ago	84	
Vehicle I.D. #	Licens	e #	 □ District Owned □ Contract - If so, Name of Owner Treasure State Tran 					
7276	5928				ct - If so, Name of Owner cted rate per mile	Treasure St		
Reimbursement Distribution- Ent	er the legal e			state/co		aid to each dis	trict. Note: Percentages	
Legal Entity 0327	Legal			Legal E		Legal Entit	У	
% 100.00	%			%		%		
PASSENGER INFORMATION								
Number of Preschool/Kindergarte riding this route	en pupils	ELEMENTARY F (Grades PK		;	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
	a			р		С		
Regular (include eligible Preschool/Ki	NUMBEF	Χ		NUMBER		a + b		
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related S	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderga	nce							
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
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bus operates on the route as app						sportation Cor		
Signature - Chair, Board of Trustees	Signature - Chair, Board of Trustees Date							
County Tr This Application for Registration of area assigned to it by the County	of School Bu	s and State Reimbursen			accordance with Section 2 viewed and I certify that this			
Signature - Chair, County Transportat	tion Committee					Date		



Office of Public Instruction Linda McCulloch, Superintendent PO Box 202501 Helena, MT 59620-2501

Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e					plete one form for e	ach bus route that
						Rate Per Mile
Due Date All Routes			County Supt ober 1	t To OPI October	15	\$1.80
County Name		County Number	District	Name		Legal Entity Number
Flathead		15	Some	rs Elementary		0327
Route #	Length of Ro	ite (miles per day)		Service Bus Rou	ute Mileage	Rated Capacity
10 Ext	26		Bus R	□ Non Bus Loute Mileage	s Mileage	84
Vehicle I.D. #	License	#	1 '	: Owned	Contractor (Owned
7272	5933			ct - If so, Name of Ow cted rate per mile	ner Treasure St	ate Transit
Reimbursement Distribution- Er	nter the legal er				be paid to each dis	strict. Note: Percentages
Legal Entity	Legal E		natch budget Legal E		Legal Enti	ty
0327						
% 100.00	%		%		%	
PASSENGER INFORMATION	70		70		70	
Number of Preschool/Kinderga	ton nunile	ELEMENTARY RID	ERS	HIGH SCHO (Grades		TOTAL ELIGIBLE RIDERS
riding this route	ten pupils	(Grades PK-8)		(Grades	5 9-12)	ELIGIBLE RIDERS
		a		b	<u> </u>	С
Regular (include eligible Preschool/l	Vindergerten	NUMBER		NUM		a + b
riders)	Kindergarten					
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)						
agreement) (Include ineligible Preschool/Kinderg	narten riders)					
Nonpublic School Riders (ineligible)						
TOTAL RIDERS						
We hereby certify that this bus w	ill aparata antiralı	on the route established by th	a Poord of Tru	unto an and within the tran	apartation area assign	and approved by the
We hereby certify that this bus w County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which	We further certify bus and bus route meets the minimum	that this bus transports pupils by the State Superintendent; t im standards as established b	eligible for sch o make such r y the Board of	nool transportation as defi eports to the State Super Public Education, the Mo	ined by 20-10-101, MC intendent and County intana Highway Patrol	A. Superintendent as are
Superintendent; and to provide a lic We also agree to refrain from sol We understand that violations of	iciting or causing	others to solicit students from	other transport	tation areas.		nd county reimbursement for
this bus route. We agree that if this route crosse	es district lines an	d transports students from outs	side the distric	t, a copy of the agreemen	nt between Boards, 20-	10-126(2) MCA, signed by
the school boards of both districts sl We understand route changes of accordance with 20-10-132, MCA.					l of the County Transp	ortation Committee in
I certify that this application for bus operates on the route as ap						
Signature - Chair, Board of Trustees				<u> </u>	Date	
This Application for Registration area assigned to it by the Coun	of School Bus					
Signature - Chair, County Transport					Date	



1 copy State Supt. 1 copy County Supt. 1 copy School District

. 60py 66...66. 2.66

This form is required in accorda receives state reimbursement ev								ne form for e	
Due Dates All Routes				Cou itober	nty Supt		OPI ctober 15		Rate Per Mile \$1.80
County Name			County Number		District	Name			Legal Entity Number
Flathead			15		Some	rs Elementa	ry		0327
Route #	Length	h of Route	(miles per day)		Type of		us Route Mile Ion Bus Milea	-	Rated Capacity
12 Extension	26			Bus Route Mileage				ge	84
Vehicle I.D. #	L	icense #			District			ontractor (
7274	5	5932				ct - If so, Name cted rate per m		reasure St	ate i ransit
Reimbursement Distribution- En	nter the l	legal entity			state/co		ment to be pa	id to each dis	strict. Note: Percentages
Legal Entity 0327	L	Legal Entit		nate	Legal E			Legal Entit	ty
0327									
% 100.00		%			%			%	
PASSENGER INFORMATION			ELEMENTA DV DID)ED0		111011	2011001 815	2500	TOTAL
Number of Preschool/Kindergar riding this route	ils	ELEMENTARY RID (Grades PK-8)		•	_	SCHOOL RIE Grades 9-12)		TOTAL ELIGIBLE RIDERS	
			а				р		C
Regular (include eligible Preschool/k	Kindergar	rten	NUMBER				NUMBER		a + b
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e.,									
miles OR nonresident and no attend agreement)									
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	garten ride	ers)							
TOTAL RIDERS									
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			ommittee Approval as						
This Application for Registration area assigned to it by the Count	ty Trans _l	portation (nt has	s been re	viewed and I ce	ertify that this	bus operates	within the transportation
Signature - Chair, County Transporta	ation Con	mmittee						Date	



1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement e	ven though trai	nsportees of another legal e	ntity may uti	lize the services.		Data Dan Mila	
Due Dates All Routes		To C Octo	ounty Supt ber 1	To OPI October 1		Rate Per Mile \$1.80	
County Name		County Number	District	Name		Legal Entity Number	
Flathead		15		rs Elementary		0327	
Route #	Length of Ro	ute (miles per day)	Type of	Service Bus Rou		Rated Capacity	
11 Ext	26		Bus R	□ Non Bus oute Mileage	Mileage	84	
Vehicle I.D. #	License	#	□ District	Owned	Contractor C		
7275	5929			ct - If so, Name of Own	er Treasure St	ate Transit	
Reimbursement Distribution- Er	ter the legal er		e of state/cor		be paid to each dis	trict. Note: Percentages	
Legal Entity	Legal E		Legal Er		Legal Entit	у	
0327							
% 100.00	%		%		%		
PASSENGER INFORMATION							
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOO (Grades		TOTAL ELIGIBLE RIDERS	
	a NUMBER		b NUME	BER	c a+b		
Regular (include eligible Preschool/kriders)	Kindergarten						
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance						
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
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		0			V 00 40 400	•	
This Application for Registration area assigned to it by the Count	of School Bus						
Signature - Chair, County Transport	, ,	John Miller			Date		



This form is required in accorda receives state reimbursement e							complete o	ne form for e	
Due Dates All Routes				o Cou Octobe	nty Supt r 1		PI ober 15		Rate Per Mile \$1.80
County Name			County Number		District	Name			Legal Entity Number
Flathead			15		Some	rs Elementary			0327
Route #	Lengt	th of Rout	e (miles per day)		Type of		Route Mile Bus Milea	-	Rated Capacity
12	38			Bus Route Mileage					84
Vehicle I.D. #	l l	License #			District			ontractor (
7274		5932				ct - If so, Name of cted rate per mile		reasure St	ale Transil
Reimbursement Distribution- Er	nter the	legal enti			f state/co h budget		ent to be pa	id to each dis	strict. Note: Percentages
Legal Entity		Legal En		rinato	Legal E			Legal Entit	ty .
0327									
% 100.00		%			%			%	
PASSENGER INFORMATION			ELEMENTA DV D	UD E D		1110110	DUGGL DIE		TOTAL
Number of Preschool/Kindergar riding this route	oils	ELEMENTARY R (Grades PK-		>		CHOOL RID ades 9-12)		TOTAL ELIGIBLE RIDERS	
			а				р		C
Regular (include eligible Preschool/k	Kinderga	ırten	NUMBER			ı,	NUMBER		a + b
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e.,									
miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderd		dora)							
Nonpublic School Riders (ineligible)		uers)							
TOTAL RIDERS									
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County 1	Transpo	ortation (Committee Approval a	as req	uired in	accordance with	Section 2	0-10-132, MC	S A.
This Application for Registration area assigned to it by the Count	of Sch	ool Bus a	ind State Reimburseme						
Signature - Chair, County Transporta	ation Co	mmittee						Date	



This form is required in accordar receives state reimbursement events.							nplete one	form for ea	ach bus route that
Due Dates All Routes	s:	J	Т	-	inty Sup				Rate Per Mile \$0.95
County Name			County Number		District	Name			Legal Entity Number
Flathead			15		Some	rs Elementary			0327
Route #	Lengt	th of Ro	ute (miles per day)		Type of		oute Mileaç us Mileage		Rated Capacity
7 Kinder	25				Bus R	Route Mileage	us Mileage		21
Vehicle I.D. #		License	#		District			tractor C	
9408		E508				ct - If so, Name of Ov cted rate per mile	wner I re	asure St	ate Transit
Reimbursement Distribution- En	nter the	legal er			f state/co ch budget		to be paid	to each dis	strict. Note: Percentages
Legal Entity 0327		Legal E			Legal E			Legal Entit	у
% 100.00		%			%			%	
PASSENGER INFORMATION									
Number of Preschool/Kindergar riding this route	ELEMENTARY F (Grades PK		S	HIGH SCHO (Grado	OOL RIDEI es 9-12)	RS	TOTAL ELIGIBLE RIDERS		
			а				b MBER		C
Regular (include eligible Preschool/Kindergarten						NOR	VIDER		a + b
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service)							
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	lance garten ric								
Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
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								-	
This Application for Registration area assigned to it by the Count	of Sch ty Trans	nool Bus sportatio					that this bu	s operates	
Signature - Chair, County Transporta	ation Co	mmittee		_	_		D	ate	



Due Date: Due Date: To County Number	This form is required in accorda						one form for ea	ach bus route that
County Name District Name Legal Entity Number Type of Service Bus Route Mileage Non Bus Nilleage Rated Capacity Type of Service Bus Route Mileage Non Bus Nilleage Rated Capacity Type of Service Contract- If so, Name of Owner Treasures State Transit Contract- If so, Name of Owner Treasures State Transit Contract- If so, Name of Owner Treasures State Transit Legal Entity Legal Entit			risportees of another	•				Rate Per Mile
Flathead								\$1.80
Route # Length of Route (miles per day) Type of Service Bus Route Mileage Rated Capacity 10 Bus Route Mileage Rated Capacity 10 Bus Route Mileage Rated Capacity 10 Route Mileage 10 Route Mileage Rated Capacity 10 Route Mileage	County Name		County Number	er	District Na	me		Legal Entity Number
Route # Length of Route (miles per day) Type of Service Bus Route Mileage Rated Capacity 10 Bus Route Mileage Rated Capacity 10 Bus Route Mileage Rated Capacity 10 Route Mileage 10 Route Mileage Rated Capacity 10 Route Mileage Rated Capacity 10 Route Mileage 10 Route Mileage Rated Capacity 10 Route Mileage 10 Route Mileag	Flathead		15		Somers	Elementary		0327
10 34 Bus Route Mileage 84		Length of Ro				ervice Bus Route M		
Vertice I.D. # Centractor Owned Gontractor Owned Gontractor Owned Gontractor I Gontr	10	34			Bus Rou		eage	84
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity	Vehicle I.D. #	License	e #			•	Contractor C	Owned
Legal Entity User Institute Legal Entity Second Ent	7272	5933					Treasure Sta	ate Transit
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Office of Public Instruction Linda McCulloch, Superintendent Helena, MT 59620-2501

Combined School District Application for Registration of School Bus & State Reimbursement

1 copy State Supt. 1 copy County Supt. 1 copy School District

School Year 2003 - 2004 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.80 County Name Legal Entity Number County Number District Name Flathead Somers Elementary 0327 Length of Route (miles per day) Type of Service □ Bus Route Mileage Route # Rated Capacity □ Non Bus Mileage 45.6 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned □ Contract - If so, Name of Owner Treasure State Transit 5930 7271 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0327 100.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils **ELIGIBLE RIDERS** (Grades PK-8) (Grades 9-12) riding this route h С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation

Date

For additional information contact Maxine Mougeot at 444-3096 or email mmougeot@state.mt.us

area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee



This form is required in accorda receives state reimbursement e						one form for ea	ach bus route that
	•	uansp	•				Rate Per Mile
Due Date All Routes			To Co Octob	ounty Supt per 1	t To OPI October 15	:	\$1.57
County Name			County Number	District	Name		Legal Entity Number
Flathead			15	Biafor	k Public Schools		0330 0331
Route #	Length of	Route	(miles per day)		f Service Bus Route M		Rated Capacity
16	78			Bus R	□ Non Bus Mile Route Mileage	eage	71
Vehicle I.D. #	Licer	ise#				Contractor C	Owned
0988	448	1			ict - If so, Name of Owner of icted rate per mile	James & De	bbie Thompson
Reimbursement Distribution- Er	nter the lega	l entity				aid to each dis	trict. Note: Percentages
Legal Entity 0330	Lega	al Entity		tch budget Legal E		Legal Entity	У
% 50.00 PASSENGER INFORMATION	9/	50	.00	%		%	
		T	ELEMENTARY RIDER	RS	HIGH SCHOOL R		TOTAL
Number of Preschool/Kindergar riding this route	ten pupils		(Grades PK-8)		(Grades 9-12	2)	ELIGIBLE RIDERS
			a NUMBER		b NUMBER		c a+b
Regular (include eligible Preschool/liriders)	Kindergarten		-		-		
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend							
agreement) (Include ineligible Preschool/Kindero	arten riders)						
Nonpublic School Riders (ineligible)	,,						
TOTAL RIDERS							
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bus operates on the route as ap	proved by a					nsportation Cor	
Signature - Chair, Board of Trustees						Date	
County This Application for Registration area assigned to it by the County	of School E	Bus and	d State Reimbursement h		accordance with Section eviewed and I certify that thi		
Signature - Chair, County Transport	ation Commit	ee				Date	



This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.									
				To County Supt		To OPI		Rate Per Mile	
Due Dates: All Routes				October 1		October 15		\$1.57	
County Name			County Number District Name				Legal Entity Number		
Flathead			15		Bigfork Public Schools			0330 0331	
Route # Length of Rout		of Route			Type of Service ☐ Bus Route Mi			Rated Capacity	
11	56			□ Non Bus Mileage Bus Route Mileage			age	78	
Vehicle I.D. #	Lic	ense #		□ District Owned Contr				tractor Owned	
6140 3876				□ Contract - If so, Name of Owner Jim Jensen □ Contracted rate per mile					
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!									
Legal Entity Legal E			tity Legal Entity				Legal Entity		
0330			0331						
% 50.00 %		% 50.	50.00		%		%		
PASSENGER INFORMATION			ELEMENTA DV DIDE	.D.C	1	CH CCHOOL DI	DEDC	TOTAL	
Number of Preschool/Kindergarten pupils			ELEMENTARY RIDE (Grades PK-8)	:K5	н	HIGH SCHOOL RIDERS (Grades 9-12)		ELIGIBLE RIDERS	
riding this route									
			a NUMBER			b NUMBER		c a+b	
Regular (include eligible Preschool/Kindergarten riders)		n	Nomber			NOMBLIC		4 1 5	
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related Service									
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance									
agreement) (Include ineligible Preschool/Kindergarten riders)									
Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
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bus operates on the route as approved by and within the transportation service area assigned by the County Tra Signature - Chair, Board of Trustees							nsportation Committee. Date		
County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation									
area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee							Date		



1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement e								
Due Dates	s:		To C	County Sup	t	То ОРІ		Rate Per Mile
All Routes	i		Octo	ober 1		October 15	:	\$1.57
County Name			County Number	District	Name			Legal Entity Number
Flathead			15		k Public			0330 0331
Route #	Length	h of Rout	e (miles per day)	Type of	f Service	Service ☐ Bus Route Mi☐ Non Bus Mile		Rated Capacity
13	50			Bus R	Bus Route Mileage		age	71
Vehicle I.D. #	L	_icense #		□ District		_	Contractor C	
9169	9169 6868				ct - If so, N cted rate p	lame of Owner Der mile	Dan Demars	<u> </u>
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be pai must match budget!						aid to each dis	trict. Note: Percentages	
Legal Entity Legal Entity			tity	Legal E			Legal Entity	у
0330	0330		0331					
% 50.00		% 5	50.00	%			%	
PASSENGER INFORMATION			EL EMENTA DV DID	-00	1	IIOLI OOLIOOL BII	DEDO	TOTAL
Number of Preschool/Kindergar riding this route	Number of Preschool/Kindergarten pupils riding this route		ELEMENTARY RIDE (Grades PK-8)	=K3		IGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER		b			C
Regular (include eligible Preschool/Kindergarten			NOMBER			NUMBER		a + b
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	garten ride	lers)						
TOTAL RIDERS								
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I certify that this application for r bus operates on the route as ap								
Signature - Chair, Board of Trustees	3						Date	
County 1 This Application for Registration area assigned to it by the Count	of Scho	ool Bus a						
Signature - Chair, County Transporta							Date	



1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 Legal Entity Number County Name County Number District Name Flathead **Bigfork Public Schools** 0330 0331 Type of Service ☐ Bus Route Mileage Length of Route (miles per day) Route # Rated Capacity □ Non Bus Mileage 78 12 47.3 Bus Route Mileage Vehicle I.D. # License # District Owned □ District Owned □ Contract - If so, Name of Owner 8689 1118 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0330 0331 50.00 % % % % 50.00 PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades 9-12) **ELIGIBLE RIDERS** (Grades PK-8) riding this route С **NUMBER** NUMBER a + h Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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This form is required in accordate receives state reimbursement e						olete one form for e	each bus route that	
		ianspi	•				Rate Per Mile	
Due Date All Routes			To Co Octob	ounty Supt per 1	t To OPI October	15	\$1.57	
County Name			County Number	District	Name		Legal Entity Number	
Flathead			15	Biafor	k Public Schools		0330 0331	
Route #	Length of F	Route	(miles per day)		f Service 🗆 Bus Rou		Rated Capacity	
17	47			□ Non Bus Mileage Bus Route Mileage 71				
Vehicle I.D. #	Licen	se#			Owned	Contractor	Owned	
5348	4482	2			ct - If so, Name of Owr	ner James & D	ebbie Thompson	
Reimbursement Distribution- En	nter the legal	entity				be paid to each di	strict. Note: Percentages	
Legal Entity 0330				tch budget Legal E		Legal Ent	ity	
% 50.00 %			.00	%		%		
PASSENGER INFORMATION			ELEMENTARY RIDER	RS	HIGH SCHOO	OL RIDERS	TOTAL	
Number of Preschool/Kindergal riding this route	rten pupils		(Grades PK-8)		(Grades	s 9-12)	ELIGIBLE RIDERS	
				a NUMBER		BER	c a + b	
Regular (include eligible Preschool/ riders)	Kindergarten							
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attendars								
agreement) (Include ineligible Preschool/Kinder								
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus we County Transportation Committee. We agree to supervision of this be required; to provide a vehicle which Superintendent; and to provide a lice. We also agree to refrain from soil We understand that violations of this bus route. We agree that if this route crosses the school boards of both districts is we understand route changes of accordance with 20-10-132, MCA.	We further cerbus and bus roo meets the min ensed, qualified liciting or causi the laws, rules es district lines hall be attache- ccurring during	ify that ite by t imum s d and a ng othe or reg and tra d to the the sc	t this bus transports pupils eli- the State Superintendent; to it standards as established by t approved driver to operate su ers to solicit students from ot- ulations governing school tra ansports students from outside e county superintendent's cop hool year require the filing of	igible for sch make such r he Board of ch vehicle a ner transport nsportation te the district by of this doc an amended	nool transportation as define ports to the State Superi Public Education, the Mois required by 20-10-103, tation areas. will be sufficient cause for t, a copy of the agreement current. d TR-1 form and approval	need by 20-10-101, MC ntendent and County ntana Highway Patrol MCA. withholding of state a t between Boards, 20 of the County Transp	CA. Superintendent as are and the State and county reimbursement for -10-126(2) MCA, signed by cortation Committee in	
I certify that this application for bus operates on the route as ap								
Signature - Chair, Board of Trustees	<u> </u>					Date		
County This Application for Registration area assigned to it by the Coun	n of School B	us and						
Signature - Chair, County Transport	•					Date		



This form is required in accorda receives state reimbursement e							ne form for ea	ach bus route that	
	`	gn transpo	· ·	, ,				Rate Per Mile	
Due Dates All Routes				ounty Supt ber 1		To OPI October 15		\$1.80	
County Name			County Number	District	Name			Legal Entity Number	
Flathead			15	Biafor	k Public S	chools		0330 0331	
Route #	Length	of Route ((miles per day)		Service	Bus Route Mil		Rated Capacity	
5	24			Buc D		Non Bus Milea	ige	88	
Vehicle I.D. #	l	cense #			Bus Route Mileage 88 □ District Owned Contractor Owned				
2873	38	875		□ Contra	□ Contract - If so, Name of Owner Marlas Jensen				
Reimbursement Distribution- Er	nter the le	egal entity				sement to be pa	aid to each dis	trict. Note: Percentages	
Legal Entity	Le	egal Entity		must match budget! Legal Entity Legal			Legal Entit	у	
0330	0330 0331				•				
% 50.00		% 50.	00	%			%		
PASSENGER INFORMATION			ELEMENTARY RIDE	RS	HIG	H SCHOOL RIE	DERS	TOTAL	
Number of Preschool/Kindergar riding this route	ten pupils	s	(Grades PK-8)			(Grades 9-12)		ELIGIBLE RIDERS	
						b NUMBER		c a + b	
Regular (include eligible Preschool/k	Kindergarte	en	NUMBER					W 2	
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend									
agreement) (Include ineligible Preschool/Kinderc		ers)							
Nonpublic School Riders (ineligible)	,								
TOTAL RIDERS									
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Signature - Chair, Board of Trustees		, and will	tro transportation se		coignou by ti	.o odany mana	Date		
0	Francis :	station C :	manista a Augustus I	o accine al !		with Continue	0.40.400 1:0	· A	
This Application for Registration area assigned to it by the Count	of School	ol Bus and							
Signature - Chair, County Transporta	ation Com	mittee				-	Date		



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This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 Legal Entity Number County Name County Number District Name Flathead **Bigfork Public Schools** 0330 0331 Length of Route (miles per day) Type of Service ☐ Bus Route Mileage Route # Rated Capacity □ Non Bus Mileage 72 10 25 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner John M Johnson 4487 2952 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0330 0331 50.00 % 50.00 % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils **ELIGIBLE RIDERS** (Grades PK-8) (Grades 9-12) riding this route h С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees Date County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



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), Chapter 10, Part 1, N sportees of another le					one form for e	ach bus route that
			.g			, ,				Rate Per Mile
	Due Dates: All Routes	:			To Cou Octobe	inty Supt	t	To OPI October 15		\$1.80
	All Routes			`	Octobe	51 I		October 13		ψ1.00
County Name				County Number		District	Name			Legal Entity Number
Flathead				15		Riafor	k Public	Schools		0330 0331
Route #		Length	of Rou	te (miles per day)				☐ Bus Route Mi	leage	Rated Capacity
40		40				□ Non Bus Mileage			age	0.4
Vehicle I.D. #		43		1			oute Mile			84
venicie i.b. #		LI	icense #	•		☐ District		L lame of Owner	District Own	ied
2446 808						cted rate p				
Reimbursement Distribution- Enter the legal e			egal ent					ursement to be p	aid to each dis	strict. Note: Percentages
Legal Entity				st mate	th budget Legal E			Legal Entit	by.	
0330	Legal Entity Legal En			0331		Legal L	Titity		Legal Lilli	.y
% 50.00			%	50.00		%			%	
PASSENGER INF	ORMATION									
Number of Dreed	a al/Kindaraarta	انسس م	lo.	ELEMENTARY F		S	Н	IGH SCHOOL RI		TOTAL
Number of Preschool/Kindergarten pupils riding this route		(Grades PK	8)		(Grades 9-12)	ELIGIBLE RIDERS		
				a NUMBER	₹			b NUMBER		c a + b
Regular (include elig	ible Preschool/Kii	ndergarte	ten		<u> </u>					
riders) 1st Wheelchair (WC))									
2nd Wheelchair (WC										
,										
Additional Wheelcha	irs (WC)									
Non-WC IEP Lists Tr	ans as Related S	Service								
TOTAL ELIGIBLE	RIDERS									
Ineligible Public Scho	ool Riders (i.e., ur	nder 3								
miles OR nonresider agreement)	nt and no attendar	nce								
(Include ineligible Pre		rten ride	ers)							
Nonpublic School Ric	ders (ineligible)									
TOTAL RIDERS										
							<u> </u>			
				on the route established b hat this bus transports pu						
				by the State Superintende on standards as established	,		•		,	•
Superintendent; and	to provide a licen	nsed, qua	alified an	d approved driver to oper	rate sucl	h vehicle a	s required b	y 20-10-103, MCA.	ingilway i alion	and the otate
				thers to solicit students frequiations governing sch					olding of state a	nd county reimbursement for
this bus route.										
We agree that if this route crosses district lines and transports students from outside the districts shall be attached to the county superintendent's copy of this						of this do	cument.	· ·		.,,
We understand ro accordance with 20-		urring du	uring the	school year require the fil	ling of a	n amende	d TR-1 form	and approval of the	County Transpo	ortation Committee in
I certify that this ap	oplication for re									edge and belief, and the
bus operates on the route as approved by and within the transportation Signature - Chair, Board of Trustees					n servi	ce area a	ssigned by	the County Tran	sportation Co	mmittee.
olynature - Chair, BC	oard OF TRUSIEES								Date	
	County Tr	anspor	rtation	Committee Approval	as rec	quired in	accordanc	ce with Section 2	20-10-132, MC	ÇA.
	or Registration of	of School	ol Bus a	and State Reimbursem						within the transportation
area assigned to it Signature - Chair, Co				i Committee.					Date	
J.g Orian, OC	ransportat									



This form is required in accorda receives state reimbursement e						olete one form for e	ach bus route that	
	_	папърс	•	, ,			Rate Per Mile	
Due Date All Routes			To Co Octob	ounty Supt per 1	t To OPI October	15	\$1.57	
County Name			County Number	District	Name		Legal Entity Number	
Flathead			15	Biafor	k Public Schools		0330 0331	
Route #	Length of	f Route	(miles per day)		Service Bus Rou		Rated Capacity	
15	30			□ Non Bus Mileage Bus Route Mileage 71				
Vehicle I.D. #	Lice	ense #		□ District		Contractor	Owned	
6890	306	6 9			ct - If so, Name of Owr cted rate per mile	ner Carol Bjork		
Reimbursement Distribution- Er	nter the leg	al entity		of state/co tch budget		be paid to each di	strict. Note: Percentages	
Legal Entity Legal En				Legal E		Legal Enti	ty	
% 50.00 %			00	%		%		
PASSENGER INFORMATION			ELEMENTARY RIDER	26	HIGH SCHOO	OL DIDEBS	TOTAL	
Number of Preschool/Kindergar riding this route	ten pupils		(Grades PK-8)	15	(Grades		ELIGIBLE RIDERS	
			a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/liriders)	Kindergarten	ı						
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement)								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible))						
TOTAL RIDERS								
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Signature - Chair, Board of Trustees			and admoportunion out		gou ay the county	Date		
This Application for Registration area assigned to it by the County	of School	Bus and						
Signature - Chair, County Transport	ation Commi	ittee				Date		



This form is required in accorda receives state reimbursement e						e one form for e	ach bus route that	
Due Date All Routes	s:	,	To G	County Sup			Rate Per Mile \$1.80	
County Name			County Number	District	Name		Legal Entity Number	
Flathead			15		rk Public Schools		0330 0331	
Route #	Length of	of Route ((miles per day)	Type o	of Service □ Bus Route □ Non Bus Mi	•	Rated Capacity	
14	28.4			1 .	Route Mileage	-	84	
Vehicle I.D. # 0696		ense # 343		 □ District Owned □ Contract - If so, Name of Owner □ Contracted rate per mile 				
Reimbursement Distribution- Er				paid to each dis	strict. Note: Percentages			
Legal Entity Legal E				natch budge Legal E		Legal Entit	y	
% 50.00		% 50.	00	%		%		
PASSENGER INFORMATION		,,,						
Number of Preschool/Kindergar riding this route	ten pupils	5	ELEMENTARY RID (Grades PK-8)	ERS	HIGH SCHOOL (Grades 9-		TOTAL ELIGIBLE RIDERS	
			a NUMBER		b NUMBER	?	c a + b	
Regular (include eligible Preschool/Kindergarten riders)			NOWBER		NOMBE	<u> </u>	u · b	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	l Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	lance							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		'S)						
TOTAL RIDERS								
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bus operates on the route as ap Signature - Chair, Board of Trustees		y and with	nin the transportation se	ervice area a	assigned by the County Tra	ansportation Col	mmittee.	
County This Application for Registration area assigned to it by the County	of Schoo	ol Bus and	State Reimbursement		accordance with Section eviewed and I certify that t			
Signature - Chair, County Transporta	ation Comn	nittee				Date		



1 copy State Supt. 1 copy County Supt. 1 copy School District

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This form is required in	n accordance v	with Title 2	20, Chapter 10, Part	1, MCA.	School dis	strict officia	I must complete	one form for ea	ach bus route that
receives state reimbur		hough tra	nsportees of anothe	Ū	, ,			1	Rate Per Mile
	Due Dates: All Routes			To Co Octob	unty Supt er 1	İ	To OPI October 15	:	\$0.95
County Name			County Number	er	District	Name			Legal Entity Number
Flathead			15		Biafor	k Public	Schools		0330 0331
Route #	Len	ngth of Ro	ute (miles per day)			Service	□ Bus Route Mi	•	Rated Capacity
19A	34				□ Non Bus Mileage Bus Route Mileage 32				
Vehicle I.D. #		License	#		□ District	Owned		District Own	ed
9651 1414					ct - If so, N cted rate p	ame of Owner er mile			
Reimbursement Distril	bution- Enter th	ne legal er					ursement to be pa	aid to each dis	trict. Note: Percentages
Legal Entity Legal Entity				must mat	tch budget Legal E			Legal Entity	y
0330			0331						
0/ 50.00		%	E0.00		%			%	
% 50.00 PASSENGER INFORI	MATION	70	50.00		70			70	
Number of Preschool/		upils	ELEMENTAF (Grades		RS	Н	IGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a				b		C
		<u> </u>	NUM				NUMBER		a + b
Regular (include eligible l riders)	Preschool/Kinder	garten							
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (V	NC)								
Non-WC IEP Lists Trans	as Related Servi	се							
TOTAL ELIGIBLE RII	DERS								
Ineligible Public School R		.3							
agreement) (Include ineligible Presch		ridore)							
Nonpublic School Riders		ilucis)							
TOTAL RIDERS									
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I certify that this applic	cation for regist								dge and belief, and the
bus operates on the route as approved by and within the transportation s Signature - Chair, Board of Trustees				alion serv	nce area a	ssigned by	the County Fran	Date Date	iiiiiiiiiiiee.
			Committee Appro						A. within the transportation
area assigned to it by	the County Tra	ansportatio		COMONE II		o.rou and	oorary triat triis		a are transportation
Signature - Chair, County	/ Transportation (Committee						Date	



											
					napter 10, Part 1, M tees of another lega						
	Due Dates						inty Supt	t	То ОРІ		Rate Per Mile
	All Routes	i			C	Octobe	r 1		October 15		\$0.95
County Name					County Number		District	Name			Legal Entity Number
Flathead					15			k Public S	Schools		0330 0331
Route #		Length	h of Ro	oute (n	niles per day)		Type of	Type of Service □ Bus Route Mileage □ Non Bus Mileage		•	Rated Capacity
19		135			Bus Rout				agc	32	
Vehicle I.D. #		L	_icense	e #			District		Eame of Owner	District Own	ed
9651	9651 1414							cted rate pe			
Reimbursement D	Reimbursement Distribution- Enter the legal						f state/co ch budget		irsement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity Legal E					ımalc	Legal E			Legal Entit	у	
0330	0330		033	31							
% 50.00)		%	50.0	0		%			%	
PASSENGER INF	ORMATION	_									
Number of Preschool/Kindergarten pupils riding this route			ELEMENTARY R (Grades PK-		5	HI	GH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
			_	a			b NUMBER			С	
	Regular (include eligible Preschool/Kindergarten			NUMBER N			NUMBER		a + b		
riders) 1st Wheelchair (WC))										
2nd Wheelchair (WC	<u>;)</u>										
Additional Wheelcha	irs (WC)										
Non-WC IEP Lists Ti	rans as Related	Service									
TOTAL ELIGIBLE	RIDERS										
Ineligible Public Schemiles OR nonresider											
agreement) (Include ineligible Pr			loro)								
Nonpublic School Ri			icis)								
TOTAL RIDERS											
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accordance with 20- I certify that this a	10-132, MCA. pplication for r	registrat	tion of s	schoo	I bus and state reim	nburse	ement is t	rue and con	nplete to the bes	t of my knowle	edge and belief, and the
bus operates on the	bus operates on the route as approved by and v Signature - Chair, Board of Trustees										
This Application for area assigned to it	or Registration	of Scho	ool Bus	s and							A. within the transportation
Signature - Chair, Co		-								Date	



1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 Legal Entity Number County Name County Number District Name Flathead **Bigfork Public Schools** 0330 0331 Type of Service ☐ Bus Route Mileage Length of Route (miles per day) Route # Rated Capacity □ Non Bus Mileage 19B 32 126 Bus Route Mileage Vehicle I.D. # License # District Owned □ District Owned □ Contract - If so, Name of Owner 9651 1414 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0330 0331 50.00 % % % % 50.00 PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С NUMBER NUMBER a + h Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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This form is required in accordate receives state reimbursement e						one form for ea	ach bus route that	
	_	панър	•				Rate Per Mile	
Due Date All Routes			To Co Octob	ounty Supt per 1	t To OPI October 15	:	\$1.57	
County Name			County Number	District	Name		Legal Entity Number	
Flathead			15	White	fish Public Schools		0334 0335	
Route #	Length of	Route	(miles per day)		Type of Service ☐ Bus Route Mileage Rated Capacity			
9	31.2			□ Non Bus Mileage Bus Route Mileage 72				
Vehicle I.D. #	Licen	se#			<u> </u>	Contractor C	Owned	
3378	210	9			ct - If so, Name of Owner cted rate per mile	Rocky Mour	ntain Transportation	
Reimbursement Distribution- En	nter the legal	entity				aid to each dis	trict. Note: Percentages	
Legal Entity Legal En				tch budget Legal E		Legal Entity	y	
0334 03			335					
% 65.00 %			.00	%		%		
PASSENGER INFORMATION	70	33.	.00	70		70		
Number of Preschool/Kindergal	ton nunile		ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS	
riding this route	Terr pupils		(Glades FK-6)		(Grades 9-12	-)	ELIGIBLE RIDERS	
			a		b		С	
Regular (include eligible Preschool/	Kindergarten		NUMBER		NUMBER		a + b	
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	I Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e.,	under 3							
miles OR nonresident and no attendagreement)								
(Include ineligible Preschool/Kinder								
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus w County Transportation Committee. We agree to supervision of this t required; to provide a vehicle which Superintendent; and to provide a lic	We further cer ous and bus ro meets the mir ensed, qualifie	tify that ute by t nimum s ed and a	t this bus transports pupils el the State Superintendent; to standards as established by t approved driver to operate su	igible for sch make such r the Board of uch vehicle a	nool transportation as defined by eports to the State Superintend Public Education, the Montana is required by 20-10-103, MCA.	y 20-10-101, MC/ ent and County S Highway Patrol a	A. Superintendent as are	
We also agree to refrain from sol We understand that violations of this bus route.						olding of state ar	nd county reimbursement for	
the school boards of both districts s	We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in							
I certify that this application for								
bus operates on the route as ap Signature - Chair, Board of Trustees		riu Will	iiii uie uansportation ser	vice died d	issigned by the County ITal	Date	minuce.	
County This Application for Registration area assigned to it by the Coun	of School E	Bus and	d State Reimbursement h		accordance with Section eviewed and I certify that this			
Signature - Chair, County Transport						Date		



This form is required in accorda receives state reimbursement e							one form for e	ach bus route that	
		ιαπορι	•					Rate Per Mile	
Due Date: All Routes				ounty Sup ober 1	ot	To OPI October 15		\$1.57	
County Name			County Number	Distric	t Name			Legal Entity Number	
Flathead			15	White	efish Pub	olic Schools		0334 0335	
Route #	Length of F	Route	(miles per day)		of Service	□ Bus Route Mi		Rated Capacity	
6	29.4			Bus	□ Non Bus Mileage Bus Route Mileage 72				
Vehicle I.D. #	Licen	se#		1 .	t Owned		Contractor (
7918	2106	6			act - If so, I acted rate		Rocky Moui	ntain Transportation	
Reimbursement Distribution- Er	nter the legal	entity				bursement to be p	aid to each dis	strict. Note: Percentages	
Legal Entity	Lega	Entity		atch budge Legal			Legal Entit	ty	
0334 0335			335						
0/ 05.00	0.4	0.5	00	0/			0,		
% 65.00 PASSENGER INFORMATION	%	35.	.00	%			%		
			ELEMENTARY RIDE	ERS	l I	HIGH SCHOOL RI		TOTAL	
Number of Preschool/Kindergar riding this route	ten pupils		(Grades PK-8)			(Grades 9-12)	ELIGIBLE RIDERS	
I want and route						b			
				a NUMBER				c a + b	
Regular (include eligible Preschool/l	Kindergarten								
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e.,									
miles OR nonresident and no attend agreement)									
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	garten riders)								
TOTAL RIDERS									
We hereby certify that this bus w County Transportation Committee.									
We agree to supervision of this be required; to provide a vehicle which Superintendent; and to provide a lice	meets the min	imum s	standards as established by	the Board o	f Public Edu	cation, the Montana			
We also agree to refrain from sol We understand that violations of	iciting or causi	ng othe	ers to solicit students from o	other transpo	rtation areas	S.	olding of state a	nd county reimbursement for	
this bus route. We agree that if this route crosse		_					_	-	
the school boards of both districts sl We understand route changes or accordance with 20-10-132, MCA.	nall be attache	d to the	county superintendent's c	opy of this d	ocument.	•		, , , , ,	
I certify that this application for bus operates on the route as ap									
Signature - Chair, Board of Trustees		ia Will	in the transportation se	a vice aiea	assigned D	y the County Hall	Date	minuto.	
County This Application for Registration area assigned to it by the Coun	of School B	us and							
Signature - Chair, County Transport							Date		
							1		



This form is required in accorda receives state reimbursement e					te one form for e	each bus route that		
	J					Rate Per Mile		
Due Date All Routes			County Supt ober 1	t To OPI October 15		\$1.57		
County Name		County Number	District	Name		Legal Entity Number		
Flathead		15	White	fish Public Schools		0334 0335		
Route #	Length of Rou	ite (miles per day)	Type of	f Service Bus Route		Rated Capacity		
12	30		Bus R	□ Non Bus Mileage Bus Route Mileage 71				
Vehicle I.D. #	License	#	□ District	t Owned	Contractor			
1047				act - If so, Name of Owner acted rate per mile	Rocky Mou	ntain Transportation		
Reimbursement Distribution- Er	nter the legal en		umber and percentage of state/county reimbursement to be paid to each district. Note: Perc must match budget!					
Legal Entity	Legal E	ntity	Legal E		Legal Enti	ty		
0334	0334 03							
% 65.00	%	35.00	%		%			
PASSENGER INFORMATION								
Number of Preschool/Kindergar	rten pupils	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL (Grades 9-		TOTAL ELIGIBLE RIDERS		
riding this route	<u> </u>	,		,	,			
				b		С		
Regular (include eligible Preschool/	Kindergarten	NUMBER		NUMBE	R	a + b		
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	I Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e.,								
miles OR nonresident and no attend agreement)	dance							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
TOTAL REPLIE								
We hereby certify that this bus w County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which	We further certify ous and bus route	that this bus transports pupils oby the State Superintendent; to	eligible for sch o make such r	nool transportation as defined reports to the State Superinte	I by 20-10-101, MC Indent and County	CA. Superintendent as are		
Superintendent; and to provide a lic We also agree to refrain from sol We understand that violations of	ensed, qualified a liciting or causing	nd approved driver to operate so	such vehicle a other transpor	as required by 20-10-103, MC tation areas.	CA.			
this bus route. We agree that if this route crosse	es district lines and	d transports students from outs	side the distric	et, a copy of the agreement be	etween Boards, 20	-10-126(2) MCA, signed by		
the school boards of both districts sl We understand route changes of accordance with 20-10-132, MCA.					the County Transp	ortation Committee in		
I certify that this application for bus operates on the route as ap								
Signature - Chair, Board of Trustees		are adhoportunon se		acception by the county II	Date			
			_					
This Application for Registration area assigned to it by the Coun	n of School Bus							
Signature - Chair, County Transport					Date			



1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that

		•	tees of another legal entity may utilize the services.			Rate Per Mile		
Due Date All Routes			county Supt ober 1	t To OPI October 15	;	\$1.57		
County Name		County Number	District	Name		Legal Entity Number		
Flathead		15	White	fish Public Schools		0334 0335		
Route #	Length of Route	(miles per day)		Service Bus Route Mi	ileage	Rated Capacity		
8	30		Bus R	□ Non Bus Mile Soute Mileage	age	71		
Vehicle I.D. #	License #		1	<u> </u>	Contractor C	wned		
5427	2108		□ Contract - If so, Name of Owner□ Contracted rate per mile			Rocky Mountain Transportation		
Reimbursement Distribution- Er	nter the legal entit		e of state/co		aid to each dis	aid to each district. Note: Percentages		
Legal Entity Legal Entity 0334 03			Legal E		Legal Entity	<i>y</i>		
% 65.00	% 39	5.00	%		%			
PASSENGER INFORMATION		ELEMENTARY RIDE	EDQ.	HIGH SCHOOL R	IDEDS	TOTAL		
Number of Preschool/Kindergar riding this route	ten pupils	(Grades PK-8)	<u>-</u> R3	(Grades 9-12		ELIGIBLE RIDERS		
		a NUMBER		b NUMBER		C		
Regular (include eligible Preschool/liriders)	Kindergarten	NOWIDER		NOWBER		a + b		
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	garten nders)							
TOTAL RIDERS								
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I certify that this application for bus operates on the route as ap	•			•	•	•		
Signature - Chair, Board of Trustees					Date			
County This Application for Registration area assigned to it by the County	of School Bus ar	nd State Reimbursement		accordance with Section eviewed and I certify that this				
Signature - Chair, County Transport		-			Date			



1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement e	ortees of another legal e	s of another legal entity may utilize the services.					Rate Per Mile		
Due Date All Routes				Coun ober	ty Supt		To OPI October 15		\$1.57
County Name			County Number		District N	Name			Legal Entity Number
Flathead			15	,	\\/hitofi	ich Dubli	Schools		0334 0335
Route #	Length of	Route	(miles per day)				☐ Bus Route Mil	eage	Rated Capacity
7	27				•		☐ Non Bus Milea		71
7 Vehicle I.D. #	27 Licer	se#			District	oute Mile		ontractor C	71 Jwned
3395	2107				Contrac		me of Owner F		ntain Transportation
Reimbursement Distribution- Er	nter the lega	entity			state/cou		rsement to be pa	aid to each dis	trict. Note: Percentages
Legal Entity 0334	Legal Entity Legal Entity		у		Legal En			Legal Entit	у
% 65.00	%	35	.00		%			%	
PASSENGER INFORMATION									_
Number of Preschool/Kindergar riding this route	ten pupils		ELEMENTARY RIDE (Grades PK-8)	ERS		HIG	GH SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS
			a NUMBER				b NUMBER		c a + b
Regular (include eligible Preschool/liriders)	Kindergarten		NOMBLIX				HOMBER		u 1
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	garten riders)								
TOTAL RIDERS									
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I certify that this application for bus operates on the route as application									
	Signature - Chair, Board of Trustees Date								
County 3	Franchortet	ion C	ommittee Approval as	reau	ired in a	occordance	with Section 2	O_10_132 MC	Δ
This Application for Registration area assigned to it by the Count	of School E ty Transport	Bus and ation C	d State Reimbursement						
Signature - Chair, County Transport	ation Committ	ee						Date	



Date

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name Legal Entity Number County Number District Name Whitefish Public Schools Flathead 0334 0335 Length of Route (miles per day) Type of Service ☐ Bus Route Mileage Route # Rated Capacity □ Non Bus Mileage 71 36 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned □ Contract - If so, Name of Owner Rocky Mountain Transportation 1387 2105 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0334 0335 65.00 % 35.00 % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils **ELIGIBLE RIDERS** (Grades PK-8) (Grades 9-12) riding this route h С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation

area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee



Due Date: Due Date: To County Number	This form is required in accorda								one form for e	ach bus route that
County Name District Name Legal Entity Number Type of Service Bus Route Mileage Ton Sins Bus Nileage Ton Contract-I if so, Name of Owner Rocky Mountain Transportation Contracted rate per mile Contracted rate per mile Legal Entity Usal Entity			анърс	•	•	•	126 1116 50			Rate Per Mile
Flathead 15										\$1.57
Route # Length of Route (miles per day) Type of Service Bus Route Mileage Rated Capacity 10 10 10 10 10 10 10 1	County Name			County Number		District N	lame			Legal Entity Number
Route # Length of Route (miles per day) Type of Service Dun Bus Mileage Rated Capacity Type of Service Dun Bus Mileage Route Mileage Tit Contract - Hiso, Name of Owner Rocky Mountain Transportation Contracted rate per mile Contract - Hiso, Name of Owner Rocky Mountain Transportation Contracted rate per mile Dun Bus Mileage Route Mileage Rothy Mountain Transportation Contracted rate per mile Dun Bus Mileage Rothy Mountain Transportation Rocky Mountain Transportation Rocky Mountain Transportation Contracted rate per mile Dun Bus Mileage Rothy Mountain Transportation Rocky Mountain Rocky M	Flathead			15		Whitefi	sh Pub	lic Schools		0334 0335
10 35.4 Bus Route Mileage T/1		Length of R	oute (□ Bus Route Mi		
Vertice I.D. # Centractor Owned 2110 District Owned Contractor Owner Rocky Mountain Transportation Contractor I from Name of Owner Rocky Mountain Transportation Contractor I fr	10	35.4				Bus Ro	oute Mil		age	71
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity		ı .	e #		1 .			_	Contractor (Owned
Legal Entity 0334 Legal Entity 0335 Legal Entity 0336 We find the service of the	8394	3394 2110							Rocky Mou	ntain Transportation
Legal Entity 0334 Legal Entity 0335 Legal Entity 0336 % 65.00 PASSENGER INFORMATION Number of Preschool/Kindergarten pupils (Grades PK-8) Regular (include eligible Preschool/Kindergarten pupils (Grades PK-8) Regular (include eligible Preschool/Kindergarten pupils Regular (include eligible Preschool/Kindergarten pupils NUMBER Regular (include eligible Preschool/Kindergarten pupils Ist Wheelchair (WC) Additional Wheelchair (WC) Additional Wheelchair (WC) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Ineligible Preschool/Kindergarten iders) Nonpublic School Riders (include include in	Reimbursement Distribution- Er	nter the legal	entity				nty reimb	oursement to be pa	aid to each dis	strict. Note: Percentages
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PASSENGER INFORMATION Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades P	0/ 05.00	0/	0.5	••		0/			0/	
Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS A		%	35.	00	-	%			%	
Regular (include eligible Preschool/Kindergarten (idens) Tet Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Additional Wheelchairs (WC) Additional Wheelchairs (WC) Additional Wheelchairs (WC) Nor-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) TOTAL RIDERS We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation area assigned and approved by the County Transportation of this bus and bus route by the State Superintendent, to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, than Highway Patrol and the State Superintendent, and to provide a licensed, qualified and approved driver to operate such vehicle as required to provide a vehicle which meets the minimum standards as established by the Board of Public Education, than Highway Patrol and the State Superintendent, and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solidist students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reintrement for this bus on the responsible of the superintendent of the County Transportation Committee in accordance with Section 20-10-122, MCA, signed by the school boards of both distincts shall be attached to the county superintendent's cory of this document. We understand route cros					ERS	·	F			_
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	This Application for Registration	of School Bu	ıs and	State Reimbursement						
									Date	



1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name Legal Entity Number County Number District Name Whitefish Public Schools Flathead 0334 0335 Length of Route (miles per day) Type of Service ☐ Bus Route Mileage Route # Rated Capacity □ Non Bus Mileage 71 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned □ Contract - If so, Name of Owner Rocky Mountain Transportation 4123 2104 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0334 0335 65.00 % 35.00 % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils **ELIGIBLE RIDERS** (Grades PK-8) (Grades 9-12) riding this route h С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



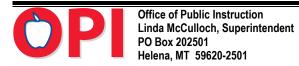
This form is required in accorda						plete one form for e	each bus route that	
receives state reimbursement e	ven thoug	n transpo	ortees of another legal e	ntity may ut	llize the services.		Rate Per Mile	
Due Dates All Routes				ounty Supt ber 1	t To OPI October	15	\$0.95	
County Name			County Number	District	Name		Legal Entity Number	
Flathead			15	White	fish Public School	ls	0334 0335	
Route #	Length o	of Route ((miles per day)	Type of	Service Bus Ro		Rated Capacity	
13c	42			□ Non Bus Mileage Bus Route Mileage 37				
Vehicle I.D. #	Lic	ense #		□ District		Contractor		
1494	14	83			ct - If so, Name of Ow cted rate per mile	ner Rocky Mou	ntain Transportation	
Reimbursement Distribution- En	iter the leg	gal entity				be paid to each di	strict. Note: Percentages	
Legal Entity	Le	gal Entity		atch budget Legal E		Legal Enti	ity	
0334								
% 100.00		%		%		%		
PASSENGER INFORMATION	_							
Number of Preschool/Kindergar	ten pupils	i	ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHO (Grade:		TOTAL ELIGIBLE RIDERS	
riding this route			,		,	,		
			a NUMBER		b NUM		c a + b	
Regular (include eligible Preschool/k	Kindergarter	n	NOMBLIX		INOINI	DLIX	a · b	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend								
agreement) (Include ineligible Preschool/Kinderg		s)						
Nonpublic School Riders (ineligible)	<u>, a. torr 11 a orc</u>							
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Countries	France and	otion C-	mmittaa Annuaval	onuled I-	accordance with Co	otion 20 40 422 M	CA	
This Application for Registration area assigned to it by the Count	of School	I Bus and						
Signature - Chair, County Transporta	ation Comm	nittee				Date		



This form is required in ac								one form for ea	ach bus route that
receives state reimbursem		ough trans			,				Rate Per Mile
	Dates: loutes			ctober	nty Supt	!	To OPI October 15		\$1.57
County Name			County Number		District	Name			Legal Entity Number
Flathead			15		White	fish Publi	c Schools		0334 0335
Route #	Lengt	th of Rout	te (miles per day)		Type of		□ Bus Route Mi□ Non Bus Mile	•	Rated Capacity
11	39				Bus R	oute Mile		age	71
Vehicle I.D. #		License #	£		District			Contractor C	Owned
6889 2111						ct - if so, ina cted rate pe	ame of Owner er mile		
Reimbursement Distribution	on- Enter the	legal ent					ursement to be p	aid to each dis	trict. Note: Percentages
Legal Entity		Legal En		matcl	h budget Legal E			Legal Entit	у
0334			0335						
0/ 05.00		0/ 0	25.00		0/			0/	
% 65.00 PASSENGER INFORMAT	TION	% 3	35.00		%			%	
		-:1-	ELEMENTARY RIL		3	HI	GH SCHOOL RI		TOTAL
Number of Preschool/Kind riding this route	ergarten pup	DIIS	(Grades PK-8	5)			(Grades 9-12	:)	ELIGIBLE RIDERS
			a				b		С
Regular (include eligible Preso	chool/Kindorga	arton	NUMBER				NUMBER		a + b
riders)	criooi/Kiriderga	arteri							
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as R)							
TOTAL ELIGIBLE RIDER	:S								
Ineligible Public School Riders miles OR nonresident and no									
agreement) (Include ineligible Preschool/K		dere)							
Nonpublic School Riders (ineli		ueis)							
TOTAL RIDERS									
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County Transportation Commi	ittee. We furth	ner certify the		ls eligil	ble for sch	ool transport	ation as defined by	/ 20-10-101, MC/	Α.
required; to provide a vehicle	which meets th	he minimur	n standards as established	by the	Board of	Public Educa	ation, the Montana	,	•
	om soliciting or	r causing o	thers to solicit students fron	n othe	r transpor	tation areas.		-14:6 -4-4	
this bus route.					-			_	nd county reimbursement for
the school boards of both distr	ricts shall be a	ttached to		сору	of this do	cument.	· ·		
We understand route chan accordance with 20-10-132, M		during the	school year require the filing	g of ar	n amende	d TR-1 form a	and approval of the	County Transpo	ortation Committee in
I certify that this application bus operates on the route									
Signature - Chair, Board of Tre		-,				- 2.g 2		Date	
Cou This Application for Regist			Committee Approval as and State Reimburseme						
area assigned to it by the Signature - Chair, County Trai	County Trans	sportation					•	Date	•
Signature - Chair, County Trai	naportation C0	mmuee						Date	



This form is required in accorda receives state reimbursement e						one form for ea	ach bus route that		
	•	панър	•				Rate Per Mile		
Due Date All Routes			To Co Octob	ounty Supt per 1	t To OPI October 15		\$1.57		
County Name			County Number	District	Name		Legal Entity Number		
Flathead			15	White	fish Public Schools		0334 0335		
Route #	Length of	Route	(miles per day)		Service Bus Route Mi		Rated Capacity		
2	59			Bus R	□ Non Bus Mile Soute Mileage	age	71		
Vehicle I.D. #		nse#			•	Contractor C			
4747	210	2			ct - If so, Name of Owner cted rate per mile	Rocky Mour	ntain Transportation		
Reimbursement Distribution- Er	nter the lega	l entity				aid to each dis	trict. Note: Percentages		
Legal Entity	Leg	al Entit		tch budget Legal E		Legal Entit	V		
0334			335	ŭ	•				
% 65.00 PASSENGER INFORMATION	9	6 35	.00	%		%			
		Т	ELEMENTARY RIDE	RS	HIGH SCHOOL R		TOTAL		
Number of Preschool/Kindergar riding this route	ten pupils		(Grades PK-8)		(Grades 9-12	2)	ELIGIBLE RIDERS		
I want and route									
			a NUMBER		b NUMBER		c a + b		
Regular (include eligible Preschool/liriders)	Kindergarten								
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e.,									
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(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	garten riders)								
TOTAL RIDERS									
We hereby certify that this bus w County Transportation Committee.									
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Superintendent; and to provide a lice We also agree to refrain from sol	, i		• • • • • • • • • • • • • • • • • • • •		. , ,				
We understand that violations of this bus route.						olding of state ar	nd county reimbursement for		
We agree that if this route crosse the school boards of both districts sl						een Boards, 20-	10-126(2) MCA, signed by		
We understand route changes or						County Transpo	ortation Committee in		
I certify that this application for	accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.								
Signature - Chair, Board of Trustees			are adhopertunon ser		and a sparie or and a sparing man	Date			
This Application for Registration area assigned to it by the Coun	of School I	Bus an	d State Reimbursement h		accordance with Section eviewed and I certify that this				
Signature - Chair, County Transport						Date			



This form is required in accordance receives state reimbursement even					one form for e	ach bus route that		
Due Dates: All Routes			County Suprober 1	t To OPI October 15		Rate Per Mile \$0.95		
County Name		County Number	District	Name		Legal Entity Number		
Flathead		15	White	fish Public Schools		0334 0335		
Route #	Length of Ro	ute (miles per day)	Type of	Service Bus Route Mi	U	Rated Capacity		
13A	58		□ Non Bus Mileage Bus Route Mileage 37					
Vehicle I.D. #	License 1483	#		ct - If so, Name of Owner	Contractor (Rocky Mour			
Reimbursement Distribution- Ente		ntity number and percentage		cted rate per mile	aid to each dis	strict Note: Percentages		
<u></u>		must m	atch budget	!!				
Legal Entity Use Control Con			Legal E	ntity	Legal Entit	у		
% 100.00	%		%		%			
PASSENGER INFORMATION								
Number of Preschool/Kindergarte riding this route	en pupils	ELEMENTARY RIDI (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
	a			b		C		
Regular (include eligible Preschool/Kindergarten riders)				NUMBER		a + b		
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related S	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., ur miles OR nonresident and no attendar agreement) (Include ineligible Preschool/Kindergal Nonpublic School Riders (ineligible)	nce							
TOTAL RIDERS								
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area assigned to it by the County Signature - Chair, County Transportati		on Committee.			Date			



receives state reimbursement e Due Dates All Routes	ven though		ortees of another lega	al entity	y may uti nty Supt	lize the serv		one form for e	Rate Per Mile \$1.57
County Name			County Number		District N	Name			Legal Entity Number
Flathead			15		Whitef	ish Public	Schools		0334 0335
Route #	Length of	Route	(miles per day)	Type of Service ☐ Bus Route M					Rated Capacity
3	60				Bus Ro	oute Mile	□ Non Bus Mile age	age	71
Vehicle I.D. #	Lice	nse #			District			Contractor	
9476	210)3				ct - If so, Na cted rate pe		Rocky Mou	ntain Transportation
Reimbursement Distribution- Er	iter the lega	al entity			state/cou		rsement to be p	aid to each di	strict. Note: Percentages
Legal Entity 0334				mater	Legal Er			Legal Enti	ty
% 65.00	C	% 35	.00		%			%	
PASSENGER INFORMATION			ELEMENTARY RI	DEDO	ı	1 117	GH SCHOOL RI	DEDS	TOTAL
Number of Preschool/Kindergar riding this route	ten pupils		(Grades PK-8			ПК	(Grades 9-12		ELIGIBLE RIDERS
			a NUMBER				b NUMBER		c a + b
Regular (include eligible Preschool/kriders)	Kindergarten								
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kindero Nonpublic School Riders (ineligible)	ance								
TOTAL RIDERS									
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I certify that this application for rous operates on the route as ap									
Signature - Chair, Board of Trustees								Date	
County 1 This Application for Registration area assigned to it by the Count	of School	Bus an		-					
Signature - Chair, County Transporta	•							Date	



1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name Legal Entity Number County Number District Name Whitefish Public Schools Flathead 0334 0335 Length of Route (miles per day) Type of Service ☐ Bus Route Mileage Route # Rated Capacity □ Non Bus Mileage 80 71 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned □ Contract - If so, Name of Owner Rocky Mountain Transportation 4412 2101 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0334 0335 % 65.00 % 35.00 % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils **ELIGIBLE RIDERS** (Grades PK-8) (Grades 9-12) riding this route h С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 \$0.95 All Routes October 1 Legal Entity Number County Name County Number District Name Whitefish Public Schools Flathead 0334 0335 Route # Length of Route (miles per day) Type of Service ☐ Bus Route Mileage Rated Capacity □ Non Bus Mileage 13b 37 66 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Rocky Mountain Transportation 1483 1494 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0334 100.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils **ELIGIBLE RIDERS** (Grades PK-8) (Grades 9-12) riding this route h С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

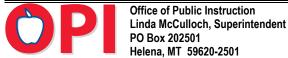
Signature - Chair, County Transportation Committee



1 copy State Supt. 1 copy County Supt. 1 copy School District

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receives state reimbursement e	ven thoug	gh transpo	ortees of another legal er	itity may uti	lize the serv	ices.	110 101111 101 00	
Due Dates	s:		To Co	ounty Supt		То ОРІ		Rate Per Mile
All Routes	i		Octob	er 1		October 15		\$0.95
County Name			County Number	District I	Name			Legal Entity Number
Flathead			15	Marior	n Element	ary		0341
Route #	Length of	of Route	(miles per day)		Service	Bus Route Mile		Rated Capacity
40	45.7			Bus Re	oute Milea	≀ Non Bus Milea a ɑe	ge	47
Vehicle I.D. #	Lic	cense #		□ District			ontractor C	Owned
2827	13	312			ct - If so, Nar	ne of Owner F mile	rey & Co	
Reimbursement Distribution- Er	nter the le	gal entity				sement to be pa	id to each dis	trict. Note: Percentages
must match budget! Legal Entity Legal Entity Legal Entity							Legal Entit	y
0341	0341							
% 100.00	% 100.00 %			%			%	
PASSENGER INFORMATION	-							
Number of Preschool/Kindergar	ten pupils	6	ELEMENTARY RIDER (Grades PK-8)	रऽ	HIG	H SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS
nuing this route	g this route					b		c
			NUMBER			NUMBER		a + b
Regular (include eligible Preschool/Kindergarten riders)								
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend								
agreement) (Include ineligible Preschool/Kinderg		re)						
Nonpublic School Riders (ineligible)	jarton naon							
TOTAL RIDERS								
We hereby certify that this bus wi	ill operate e	entirely on	the route established by the	Board of True	stees and with	nin the transportation	on area assigne	ed and approved by the
County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which	We further us and bus meets the i	certify that s route by t minimum s	this bus transports pupils el he State Superintendent; to standards as established by t	igible for scho make such re he Board of I	ool transportate ports to the S Public Educati	tion as defined by tate Superintende on, the Montana F	20-10-101, MC nt and County S	A. Superintendent as are
Superintendent; and to provide a lice We also agree to refrain from sol We understand that violations of	iciting or ca	ausing othe	ers to solicit students from otl	her transport	ation areas.		lding of state ar	nd county reimbursement for
this bus route. We agree that if this route crosse	es district lir	nes and tra	insports students from outsid	le the district.	, a copy of the	agreement betwe	en Boards, 20-	10-126(2) MCA, signed by
the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.								
I certify that this application for rubus operates on the route as ap								
Signature - Chair, Board of Trustees	;		·		-	,	Date	
County 1	Fransport	tation Co	ommittee Approval as re	equired in a	accordance	with Section 2	0-10-132, MC	A.
This Application for Registration area assigned to it by the Count	of School ty Transpo	ol Bus and ortation C	d State Reimbursement h					
Signature - Chair, County Transporta	ation Comn	mittee					Date	



1 copy State Supt. 1 copy County Supt. 1 copy School District

PO Box 202501 Helena, MT 59620-2501

State Reimbursement School Year 2003 - 2004

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 \$0.95 All Routes October 1 County Name County Number District Name Legal Entity Number 0341 Flathead Marion Elementary Length of Route (miles per day) Type of Service ☐ Bus Route Mileage Route # Rated Capacity □ Non Bus Mileage 35 57 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Komenda Ent Inc 1308 4601 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0341 100.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils **ELIGIBLE RIDERS** (Grades PK-8) (Grades 9-12) riding this route h С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



1 copy State Supt. 1 copy County Supt. 1 copy School District

School Year 2003 - 2004 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 \$0.95 All Routes October 1 County Name Legal Entity Number County Number District Name 0341 Flathead Marion Elementary Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 40non 34 Non Bus Mileage Vehicle I.D. # License # Contractor Owned □ District Owned □ Contract - If so, Name of Owner Frey & Co 2827 1312 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0341 100.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils **ELIGIBLE RIDERS** (Grades PK-8) (Grades 9-12) riding this route h С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



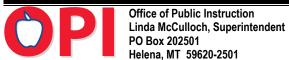
This form is required in accorda receives state reimbursement e	nce with Title	20, Chapter 10, Par	t 1, MCA.	School dis	trict official must cor	mplete one form for	each bus route that	
		insportees of anothi	•				Rate Per Mile	
Due Date All Routes			To Cou Octobe	unty Supt er 1	To OPI Octobe		\$1.57	
County Name		County Numb	per	District I	Name		Legal Entity Number	
Flathead		15		Olney-	-Bissell Element	arv	0342	
Route #	Length of Ro	oute (miles per day)			Service Bus Re	oute Mileage	Rated Capacity	
1a	28.1			Rue R	□ Non B oute Mileage	us Mileage	71	
Vehicle I.D. #	License	e #	Tr	☐ Dus IN		Contractor		
5096	4501				ct - If so, Name of O			
Reimbursement Distribution- Er	nter the legal e	ntity number and pe		f state/cou	unty reimbursement	to be paid to each	district. Note: Percentages	
Legal Entity 0342 Legal Entity			must mate	Legal Er		Legal Er	ntity	
% 100.00	%			%		%		
PASSENGER INFORMATION	I	ELEMENTA	DV DIDED	e I	HICH SOLI	OOL RIDERS	TOTAL	
Number of Preschool/Kindergar riding this route	ten pupils		s PK-8)	5		es 9-12)	ELIGIBLE RIDERS	
			a MBER		NUI	b MBER	c a + b	
Regular (include eligible Preschool/liriders)	Kindergarten							
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	garten riders)							
. ,								
TOTAL RIDERS								
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Signature - Chair, Board of Trustees						Date		
County This Application for Registration area assigned to it by the County	of School Bu	s and State Reimbu			accordance with Se viewed and I certify			
Signature - Chair, County Transport	ation Committee					Date		



This form is required in accorda receives state reimbursement e	nce with Title 2	0, Chapter 10, Part 1, MCA.	School dis	strict official must complete	one form for ea	ach bus route that		
					ı	Rate Per Mile		
Due Date All Routes		To Co Octob	ounty Supt per 1	To OPI October 15	;	\$1.57		
County Name		County Number	District I	Name		Legal Entity Number		
Flathead		15	Olnev-	-Bissell Elementary		0342		
Route #	Length of Rou	ite (miles per day)		Service Bus Route Mi		Rated Capacity		
1b	64.7		Rue R	□ Non Bus Mile oute Mileage	age	71		
Vehicle I.D. #	License	#	□ District	<u> </u>	Contractor C			
5096	4501			ct - If so, Name of Owner Ected rate per mile				
Reimbursement Distribution- Er	nter the legal en		of state/cou	unty reimbursement to be p	aid to each dis	trict. Note: Percentages		
Legal Entity Use 1			tch budget! Legal Er		Legal Entity	у		
% 100.00	%		%		%			
PASSENGER INFORMATION	Г	ELEMENTARY RIDE	De l	HIGH SCHOOL RI	DEDS	TOTAL		
Number of Preschool/Kindergar riding this route	ten pupils	(Grades PK-8)	KS .	(Grades 9-12		ELIGIBLE RIDERS		
		a NUMBER		b NUMBER		c a+b		
Regular (include eligible Preschool/liriders)	Kindergarten							
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
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(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	garten riders)							
. ,								
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement fo this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.								
I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.								
Signature - Chair, Board of Trustees	•				Date			
County This Application for Registration area assigned to it by the County	of School Bus							
Signature - Chair, County Transport					Date			



This form is required in accorda receives state reimbursement e						complete one	form for ea	ch bus route that	
		irisportee	•				F	Rate Per Mile	
Due Date All Routes			To Co Octob	unty Supt er 1		PI ber 15	9	\$1.57	
County Name		Co	ounty Number	District	Name			Legal Entity Number	
Flathead		15	5	West	Glacier Elemer	ntarv		1223	
Route #	Length of Ro				Service Bus	Route Milea	ge	Rated Capacity	
16A	85.2			□ Non Bus Mileage Bus Route Mileage				71	
Vehicle I.D. #	License	e #		•	Owned	Co	ntractor O		
4440	1612			□ Contra	ct - If so, Name of cted rate per mile				
Reimbursement Distribution- Er	nter the legal e	ntity nun				nt to be paid	to each dist	trict. Note: Percentages	
Legal Entity 1223	Legal	Entity	must ma	tch budget Legal E			Legal Entity	1	
% 100.00	%			%			%		
PASSENGER INFORMATION	T		ELEMENTARY RIDER	ne e	111011.00	HOOL RIDE	:DC	TOTAL	
Number of Preschool/Kindergar riding this route	ten pupils		(Grades PK-8)	(5		ades 9-12)	:K5	ELIGIBLE RIDERS	
			a NUMBER		N	b UMBER		c a+b	
Regular (include eligible Preschool/liriders)	Kindergarten								
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement)									
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	garten riders)								
TOTAL RIDERS									
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Signature - Chair, Board of Trustees	3					D	ate		
County This Application for Registration area assigned to it by the Coun	of School Bu	s and Sta							
Signature - Chair, County Transport	•					D	ate		



Helena,	MT 59620-250	1	School Year 2003 - 2004					
This form is required in accordant receives state reimbursement ev					one form for e	ach bus route that		
Due Dates	_		ounty Supt			Rate Per Mile		
All Routes	•	Octo		October 15		\$1.57		
County Name		County Number	District	Name		Legal Entity Number		
Flathead		15		Glacier Elementary		1223		
Route #	-	ute (miles per day)	Type of	Service Bus Route Mi Non Bus Mile	-	Rated Capacity		
16B Vehicle I.D. #	78.8	# 1		oute Mileage	Contractor (71		
4440	1612	"		ct - If so, Name of Owner	Contractor (Byrd Trans			
Reimbursement Distribution- Ent		tity number and percentage		cted rate per mile	aid to each dis	strict Note Percentages		
Legal Entity	Legal Er	must ma	atch budget Legal E	!	Legal Enti	_		
1223	Legal Li	nuty	Legal L	muty	Legal Elli	, and the second		
% 100.00	%		%		%			
PASSENGER INFORMATION		ELEMENTARY RIPE	700	LIIOU OOLOOL DI	DEDO	TOTAL		
Number of Preschool/Kindergarteriding this route	en pupils	ELEMENTARY RIDE (Grades PK-8)	K5	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
		a NUMBER		b NUMBER		c a + b		
Regular (include eligible Preschool/Ki	indergarten							
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related S	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement)								
(Include ineligible Preschool/Kinderga Nonpublic School Riders (ineligible)	arten riders)							
TOTAL RIDERS								
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County Transportation Committee. We agree to supervision of this bu required; to provide a vehicle which in Superintendent; and to provide a licel We also agree to refrain from soft was understand that violations of	is and bus route lineets the minimunsed, qualified arciting or causing o	by the State Superintendent; to im standards as established by nd approved driver to operate so others to solicit students from or	make such re the Board of uch vehicle a ther transport	eports to the State Superintendor Public Education, the Montana s required by 20-10-103, MCA. tation areas.	ent and County Highway Patrol	Superintendent as are and the State		
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accordance with 20-10-132, MCA. I certify that this application for re								
bus operates on the route as app Signature - Chair, Board of Trustees	proved by and	within the transportation ser	rvice area a	ssigned by the County Tran	sportation Co Date	mmittee.		
This Application for Registration	of School Bus	and State Reimbursement I		accordance with Section 2 eviewed and I certify that this				
area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date								